

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.

Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al

Case No. 18-OP-45132

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.

Case No. 17-OP-45004

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Videotaped deposition of
CHERI WALTER

February 19, 2019

9:04 a.m.

Taken at:

Murray Murphy Moul & Basil LLP

1114 Dublin Road

Columbus, Ohio

Renee L. Pellegrino, RPR, CLR

<p>Page 2</p> <p>1 APPEARANCES: 2 On behalf of Summit County and City of Akron: Motley Rice 3 ANNE KEARSE, ESQ. NATALIE DEYNEKA, ESQ. 4 28 Bridgeside Boulevard Mt. Pleasant, South Carolina 29464 5 (843) 216-9343 akearse@motleyrice.com 6 ndeyneka@motleyrice.com 7 On behalf of the Witness: CHRISTINA SHAYNAK-DIAZ, ESQ. 8 3488 Woodland Avenue Hilliard, Ohio 43026-2101 9 (614) 832-9143 sdlaw@outlook.com 10 On behalf of Walmart, Inc.: 11 Jones Day BRANDY RANJAN, ESQ. 12 325 John J. McConnell Boulevard Suite 600 13 Columbus, Ohio 43215-2673 (614) 469-3939 14 branjan@jonesday.com 15 On behalf of McKesson Corporation: (Via Telephone and Veritext Virtual) 16 Covington & Burling BRYANT PULSIPHER, ESQ. 17 One Front Street San Francisco, California 94111-5356 18 (415) 591-6000 bpulsipher@cov.com 19 On behalf of Cardinal Health: 20 Williams & Connolly LLP COLLEEN McNAMARA, ESQ. 21 725 12th Street, N.W. Washington, D.C. 20005 22 (202) 434-5186 cmcnamara@wc.com 23 24 ~~~~~ 25</p>	<p>Page 4</p> <p>1 TRANSCRIPT INDEX 2 3 APPEARANCES2 4 INDEX OF EXHIBITS5 5 INDEX OF OBJECTIONS8 6 7 EXAMINATION OF CHERI WALTER: 8 BY MS. McNAMARA10 9 BY MR. CRAWFORD194 10 BY MR. NAEEM214 11 BY MS. RANJAN240 12 BY MS. KEARSE250 13 14 AFTERNOON SESSION146 15 16 REPORTER'S CERTIFICATE262 17 18 EXHIBIT CUSTODY - RETAINED BY COURT REPORTER 19 20 21 22 23 24 25</p>
<p>Page 3</p> <p>1 APPEARANCES, CONT'D: 2 On behalf of Johnson & Johnson and Janssen Pharmaceuticals, Inc.: 3 Tucker Ellis LLP TARIQ NAEEM, ESQ. 4 950 Main Avenue, Suite 1100 Cleveland, Ohio 44113-7213 5 (216) 592-5000 tariq.naeem@tuckerellis.com 6 On behalf of CVS Indiana, LLC and CVS Rx Services, 7 Inc.: Zuckerman Spaeder LLC 8 KYLE A. CRAWFORD, ESQ. 1800 M Street NW 9 Suite 1000 Washington, D.C. 20036-5807 10 (202) 778-1825 kcrawford@zuckerman.com 11 On behalf of AmerisourceBergen Drug Corporation: 12 (Via Telephone and Veritext Virtual) Reed Smith 13 M. PATRICK YINGLING, ESQ. 10 South Wacker Drive 14 40th Floor Chicago, Illinois 60606-7507 15 (312) 207-1000 mpyingling@reedsmith.com 16 17 ALSO PRESENT: Kurt Henschel, Videographer 18 19 ~~~~~ 20 21 22 23 24 25</p>	<p>Page 5</p> <p>1 INDEX OF EXHIBITS 2 3 Number Description Marked 4 5 Exhibit 1 Cheri L. Walter, LICDC Website 17 Biography 6 7 Exhibit 2 Two-Page Document Entitled 53 "Ohio's Alcohol, Drug Addiction, 8 and Mental Health Boards, Community Boards Responding to 9 Community Needs" 10 11 Exhibit 3 E-Mail from Cheri Walter to 61 Several Recipients, Dated April 3, 2009, Beginning Bates Number 12 CUYAH_012387509 - Marked Confidential 13 14 Exhibit 4 E-Mail String, Beginning Bates 68 Number CUYAH_012384852 - Marked Confidential 15 16 Exhibit 5 Multi-Page Document Entitled 86 "Opiate Pharmacotherapy 17 Whitepaper January 2007" 18 19 Exhibit 6 Opiate Task Force Meeting Notes, 94 March 17, 2010, Beginning Bates 20 Number OACBHA-00010305 21 22 Exhibit 7 Multi-Page Document Entitled 96 "Community Opiate Task Force 23 Development," Beginning Bates Number OACBHA-00020567 24 25 Exhibit 8 Multi-Page Document Entitled 101 "Ohio's Opiate Epidemic: 26 Responding With Prevention & Treatment," Beginning Bates Number OACBHA-00020498 27 28 29 30 31 32 33 34 35</p>

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<p style="text-align: right;">Page 7</p> <p>1 INDEX OF EXHIBITS, CONT'D</p> <p>2</p> <p>3 Exhibit 17 E-Mail String Beginning Bates 183</p> <p>4 Number SUMMIT_001104515</p> <p>5</p> <p>6 Exhibit 18 Ohio Prescription Drug Abuse 198</p> <p>7 Task Force Final Report, Task</p> <p>8 Force Recommendations, Dated</p> <p>9 October 1, 2010</p> <p>10 Exhibit 19 Testimony of Cheri L. Walter, 246</p> <p>11 Senate Finance Committee, Dated</p> <p>12 May 30, 2009</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 9</p> <p>1 THE VIDEOGRAPHER: We're on the</p> <p>2 record at 9:04. Today's date is February 19,</p> <p>3 2019. We are here in the matter of the National</p> <p>4 Prescription Opiate Litigation. This deposition</p> <p>5 is taking place in Columbus, Ohio.</p> <p>6 Would counsel please identify</p> <p>7 themselves for the record?</p> <p>8 MS. SHAYNAK-DIAZ: Christina</p> <p>9 Shaynak-Diaz. I represent the witness, Cheri</p> <p>10 Walter.</p> <p>11 MS. KEARSE: Anne Kearse with Motley</p> <p>12 Rice on behalf of the City of Akron and County</p> <p>13 of Summit.</p> <p>14 MS. DEYNEKA: Natalie Deyneka with</p> <p>15 Motley Rice on behalf of the City of Akron and</p> <p>16 the County of Summit.</p> <p>17 MS. RANJAN: Brandy Ranjan from</p> <p>18 Jones Day on behalf of Walmart.</p> <p>19 MR. CRAWFORD: Kyle Crawford on</p> <p>20 behalf of CVS Indiana and CVS Rx Services.</p> <p>21 MR. NAEEM: Tariq Naeem, Tucker</p> <p>22 Ellis, on behalf of Janssen Pharmaceuticals,</p> <p>23 Inc. and Johnson & Johnson.</p> <p>24 MS. McNAMARA: Colleen McNamara from</p> <p>25 Williams & Connolly on behalf of Cardinal</p>

<p style="text-align: right;">Page 10</p> <p>1 Health.</p> <p>2 THE VIDEOGRAPHER: And by telephone?</p> <p>3 MR. YINGLING: This is Patrick</p> <p>4 Yingling with Reed Smith on behalf of</p> <p>5 AmerisourceBergen.</p> <p>6 MR. PULSIPHER: Bryant Pulsipher,</p> <p>7 Covington & Burling, on behalf of McKesson.</p> <p>8 CHERI WALTER, of lawful age, called for</p> <p>9 examination, as provided by the Federal Rules</p> <p>10 of Civil Procedure, being by me first duly</p> <p>11 sworn, as hereinafter certified, deposed and</p> <p>12 said as follows:</p> <p>13 EXAMINATION OF CHERI WALTER</p> <p>14 BY MS. McNAMARA:</p> <p>15 Q. Good morning, Ms. Walter.</p> <p>16 A. Good morning.</p> <p>17 Q. Have you ever been deposed before?</p> <p>18 A. I have.</p> <p>19 Q. How many times?</p> <p>20 A. Well, it depends. I mean, I don't</p> <p>21 know how to answer that question. When I worked</p> <p>22 for the Department of Youth Services and the</p> <p>23 Department of Job and Family Services, I</p> <p>24 occasionally was deposed over labor things, and</p> <p>25 so I don't know if that was the same -- so it</p>	<p style="text-align: right;">Page 12</p> <p>1 taking down everything we say, so in order for</p> <p>2 her to get a clear record, it's important that</p> <p>3 we try not to talk over each other.</p> <p>4 A. Sure.</p> <p>5 Q. So I will do my best to wait for you</p> <p>6 to finish answering all my questions and I'd</p> <p>7 appreciate it if you did the same for me. Okay?</p> <p>8 A. Sure.</p> <p>9 Q. It's also important, again for the</p> <p>10 record, that you respond in words, which you've</p> <p>11 been doing so far, because uh-huhs and unh-unhs</p> <p>12 are difficult to transcribe. Okay?</p> <p>13 A. Sure.</p> <p>14 Q. And we will take breaks</p> <p>15 periodically. If at any time you would like to</p> <p>16 break, just let me know. All I ask is that if</p> <p>17 there's a pending question, you answer it before</p> <p>18 we go off the record.</p> <p>19 A. Sure.</p> <p>20 Q. Is there any reason you might not be</p> <p>21 able to testify truthfully and accurately today?</p> <p>22 A. No.</p> <p>23 Q. Great.</p> <p>24 So you understand -- do you</p> <p>25 understand that you are being deposed in</p>
<p style="text-align: right;">Page 11</p> <p>1 was by the unions.</p> <p>2 Q. Got it.</p> <p>3 A. And I've been deposed once</p> <p>4 otherwise.</p> <p>5 Q. Once in the context of litigation?</p> <p>6 A. Yeah.</p> <p>7 Q. What was that case about?</p> <p>8 A. There was a litigation against the</p> <p>9 Department of Job and Family Services and</p> <p>10 Medicaid, and the lawsuit didn't really go</p> <p>11 anywhere but I was deposed one time. And it</p> <p>12 wasn't against me. It was against the</p> <p>13 department.</p> <p>14 Q. Gotcha.</p> <p>15 And about how long ago was that?</p> <p>16 A. Oh, it was the first year I was</p> <p>17 there, so it would have probably been 2000 --</p> <p>18 just 2000.</p> <p>19 Q. So it's been a while, it sounds</p> <p>20 like?</p> <p>21 A. Yeah.</p> <p>22 Q. So I'll just start by going over</p> <p>23 some ground rules to make it as painless as</p> <p>24 possible today.</p> <p>25 We have a court reporter here who is</p>	<p style="text-align: right;">Page 13</p> <p>1 connection with some litigation?</p> <p>2 A. I do.</p> <p>3 Q. Do you have an understanding of the</p> <p>4 subject matter of the litigation?</p> <p>5 A. Basically, yes.</p> <p>6 Q. And what's your understanding?</p> <p>7 A. My understanding is that several</p> <p>8 cities or some cities and different governments</p> <p>9 are suing some of the distributors and some of</p> <p>10 the manufacturers in regards to the opiate</p> <p>11 epidemic both in Ohio and elsewhere in the</p> <p>12 country.</p> <p>13 Q. And how did you learn about the</p> <p>14 cases?</p> <p>15 A. Well, based on my job, I certainly</p> <p>16 read a lot about what's going on in the opiate</p> <p>17 space, and there was some discussion on occasion</p> <p>18 early on with my different boards because their</p> <p>19 counties were getting involved.</p> <p>20 Q. Got it.</p> <p>21 And you mentioned your job. That's</p> <p>22 your job as chief executive officer for the Ohio</p> <p>23 Association of County Behavioral Health</p> <p>24 Authorities?</p> <p>25 A. That's correct.</p>

<p style="text-align: right;">Page 14</p> <p>1 Q. And can we refer to that as OACBHA?</p> <p>2 A. Absolutely.</p> <p>3 Q. Great. It is a pretty fun acronym</p> <p>4 to say.</p> <p>5 So do you have an understanding of</p> <p>6 what the Plaintiffs in the litigation are</p> <p>7 alleging the Defendants did wrong?</p> <p>8 A. I have a general idea. I mean, I</p> <p>9 believe that what I understand the Plaintiffs</p> <p>10 are alleging is that because of the</p> <p>11 over-prescribing of opiates, the belief is that</p> <p>12 that contributed to the overall opiate epidemic.</p> <p>13 I'm not always sure exactly how -- like I don't</p> <p>14 understand at all how the pharmacies are here,</p> <p>15 to be quite honest, so I guess beyond the wide</p> <p>16 breadth of the lawsuit, but I do understand the</p> <p>17 concept.</p> <p>18 Q. And do you know what kind of relief</p> <p>19 the Plaintiffs are seeking in the case?</p> <p>20 A. I'm assuming financial. I don't</p> <p>21 know to what extent.</p> <p>22 Q. Do you know how the Plaintiff cities</p> <p>23 and counties calculated the financial relief</p> <p>24 they're seeking?</p> <p>25 A. I do not.</p>	<p style="text-align: right;">Page 16</p> <p>1 A. One is Jerry Craig and the other</p> <p>2 one -- and I don't know whether both of them</p> <p>3 have been deposed at this point, but it would</p> <p>4 have been Scott Osiecki, because I believe</p> <p>5 Cuyahoga County was one -- they were like the</p> <p>6 Bellwether counties or something. I don't quite</p> <p>7 understand that, but that was my understanding.</p> <p>8 Q. Did you independently review any</p> <p>9 documents relating to the subject matter of this</p> <p>10 litigation?</p> <p>11 A. You know, I did not. I've made a</p> <p>12 conscious choice, because I'm not a party, to</p> <p>13 not become more involved.</p> <p>14 Q. So throughout the day we are going</p> <p>15 to be talking about opiates and opioids.</p> <p>16 A. Certainly.</p> <p>17 Q. Do you have an understanding of</p> <p>18 those terms?</p> <p>19 A. I do.</p> <p>20 Q. Do you use the terms "opiate" and</p> <p>21 "opioid" interchangeably?</p> <p>22 A. We do. We try not always to but we</p> <p>23 do.</p> <p>24 Q. Is there a difference between the</p> <p>25 two in your mind?</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. Did you meet with anyone to prepare</p> <p>2 for your deposition today?</p> <p>3 A. I did not.</p> <p>4 Q. Have you, before we all introduced</p> <p>5 ourselves today, met with any of the attorneys</p> <p>6 who are representing Summit County?</p> <p>7 A. I have not. The only person I had</p> <p>8 even talked to prior to this was Christina.</p> <p>9 Q. So also no for Cuyahoga County?</p> <p>10 A. No.</p> <p>11 Q. And no for any Defendant in the</p> <p>12 case, correct?</p> <p>13 A. I have not talked to them. I -- let</p> <p>14 me be clear. I knew that two of my directors</p> <p>15 were involved with the lawsuit. I actually</p> <p>16 asked one of my directors because I knew he had</p> <p>17 been deposed, and he said, "Cheri, we should not</p> <p>18 talk about this." The first question I was</p> <p>19 asked was who I talked to. So since then I've</p> <p>20 talked to nobody. I made it a conscious choice</p> <p>21 and I talked to Christina about that. So I've</p> <p>22 talked to nobody. And that was the extent of my</p> <p>23 conversation with him, frankly.</p> <p>24 Q. And the two directors are Jerry --</p> <p>25 one is Jerry Craig?</p>	<p style="text-align: right;">Page 17</p> <p>1 A. Opiates tends to be more like the</p> <p>2 heroin. Opioids is the larger class of anything</p> <p>3 that includes an opiate in it, whether it's</p> <p>4 prescription drug or otherwise.</p> <p>5 Q. So let's start off by talking about</p> <p>6 you and your background.</p> <p>7 A. Okay.</p> <p>8 Q. I'm going to mark this document as</p> <p>9 Exhibit 1.</p> <p>10 - - - - -</p> <p>11 (Thereupon, Walter Deposition</p> <p>12 Exhibit 1, Cheri L. Walter, LICDC</p> <p>13 Website Biography, was marked for</p> <p>14 purposes of identification.)</p> <p>15 - - - - -</p> <p>16 A. This is kind of my biography, yeah.</p> <p>17 Q. Do you recognize this?</p> <p>18 A. Yes.</p> <p>19 Q. What is it?</p> <p>20 A. I believe it's my short bio on my</p> <p>21 website is my guess, yes.</p> <p>22 Q. And did you prepare this?</p> <p>23 A. I think a staff prepared it for me,</p> <p>24 but I certainly approved it, yes.</p> <p>25 Q. So your bio indicates that you got a</p>

<p style="text-align: right;">Page 18</p> <p>1 Bachelor's from Blufton College; is that 2 correct? 3 A. That's correct. 4 Q. And so can you just walk us through 5 a chronology of your professional career since 6 you graduated from college through your current 7 position at OACBHA? 8 A. Sure. 9 I actually -- I graduated from 10 Blufton College. For a period of time I worked 11 for the City of Rittman as a dispatcher. I was 12 waiting to go into a Master's program. I 13 ultimately did not go into that Master's 14 program, at which time I worked for the 15 Department of Mental Health at Toledo Mental 16 Health Center. At that time it was about a 17 1,500-bed state hospital. 18 After working there, I went to the 19 Center for Change, which was a drug and alcohol 20 program in Tiffin, Ohio. 21 Following that, I went to Sandusky 22 Alcoholism Center in a halfway house. I worked 23 at a halfway house. 24 Following that, I came to Columbus 25 and worked at Maryhaven and helped open up their</p>	<p style="text-align: right;">Page 20</p> <p>1 little bit of a timeline on that, so you were a 2 dispatcher for the City of Rittman briefly? 3 A. One year. 4 Q. One year. And then you went to the 5 department of mental health at Toledo? 6 A. About one year. 7 Q. One year. And what did you do 8 there? 9 A. I was a recreational therapist 10 basically. My degree was in health and 11 education at Blufton College. 12 Q. And what does a recreational 13 therapist do? 14 A. I actually worked second shift and 15 basically did recreational therapy with clients. 16 This was a state hospital, so these were 17 in-patient clients, so, you know, we just did 18 therapy type things with them. It was not a 19 counselor position per se. It was more of a rec 20 therapist. You know, you took them out, you 21 played pool, you played games, those kind of 22 things, cards, just things to keep them active. 23 It was a long time ago. 24 Q. And then you went to the Center for 25 Change?</p>
<p style="text-align: right;">Page 19</p> <p>1 first adolescent drug and alcohol center. 2 When they closed a years later, I 3 worked for 15 years for the Department of Youth 4 Services and I ran all their drug and alcohol, 5 mental health, sex offenders, developmental 6 disability -- I ran all the programs for all the 7 institutions and for the department. I was the 8 deputy director there. 9 From there I went for a couple 10 years, two and a half years -- actually, about 11 two years and eight months I was with the 12 Department of Job and Family Services. I helped 13 merge the Department of Human Services and the 14 Department of OBES into what is now the 15 Department of Job and Family Services. 16 Following that, and for the last 17 17 and a half years, I have been at the Ohio 18 Association of County Behavioral Health 19 Authorities. I helped establish the 20 association. It was previously three 21 associations. They disbanded those three 22 associations, decided to create one, and I was 23 the first CEO and have been there since. 24 Q. Great. Thank you. 25 So just to kind of go back and put a</p>	<p style="text-align: right;">Page 21</p> <p>1 A. I did. 2 Q. How long were you there? 3 A. I was there for about a year and a 4 half as a lead counselor, and I was asked then 5 by someone to go to Sandusky Valley Alcoholism 6 Center to be the assistant director over a 7 halfway house, and then the halfway house closed 8 and that was when I went to Maryhaven. 9 Q. And how long were you assistant 10 director at the halfway house? 11 A. It was so long ago. Maybe a year, 12 year and a half. Those three jobs were all in 13 pretty quick succession. 14 Q. And then you went to Maryhaven? 15 A. I did. 16 Q. And about how long was that? 17 A. That was about two and a half -- 18 let's see. It was maybe two and -- maybe three 19 and a half years, and then their unit closed. A 20 lot of places closed. 21 Q. The drug and alcohol adolescent -- 22 A. The adolescent center only. The 23 inpatient adolescent center closed for a period 24 of time. 25 Q. And then you were deputy director at</p>

<p style="text-align: right;">Page 22</p> <p>1 the department?</p> <p>2 A. I went initially as an</p> <p>3 administrator. I helped open up their first</p> <p>4 couple of residential drug and alcohol programs.</p> <p>5 All in all, I was at the Department of Youth</p> <p>6 Services about 15 years, so about six years as</p> <p>7 an administrator and then eight plus years as a</p> <p>8 deputy director.</p> <p>9 Q. And around what year did you start</p> <p>10 with the Department of Youth Services?</p> <p>11 A. I believe -- I got to think. I</p> <p>12 believe it was in '85.</p> <p>13 Q. So you were there from roughly 1985</p> <p>14 to roughly 2000?</p> <p>15 A. Yes. I left there -- actually, I</p> <p>16 left there in 1999, in November of '99. Maybe</p> <p>17 it was March of '99. I don't remember.</p> <p>18 Somewhere in there. Actually, I believe it was</p> <p>19 in March of '99 I left.</p> <p>20 Q. And as part of the many different</p> <p>21 things you did there, it sounds like you</p> <p>22 supervised or implemented programs relating to</p> <p>23 substance use disorder?</p> <p>24 A. I did, for adolescents, yeah. We</p> <p>25 brought up several units within existing</p>	<p style="text-align: right;">Page 24</p> <p>1 A. We did. We helped merge two</p> <p>2 departments. It was human services, which had</p> <p>3 at that point in time -- human services, it had</p> <p>4 child welfare, it had Medicaid, it had child</p> <p>5 support, and then there was the Bureau of</p> <p>6 Employment Services. And because human services</p> <p>7 had so many welfare to work programs, they made</p> <p>8 the decision to merge the two, and so because I</p> <p>9 had worked a lot, they were having some problems</p> <p>10 with child welfare and welfare and everything</p> <p>11 going on, they asked me to come over and I</p> <p>12 helped merge those two departments.</p> <p>13 Q. And they were merged into the --</p> <p>14 A. Department of Job and Family</p> <p>15 Services, correct.</p> <p>16 Q. And that Department of Job and</p> <p>17 Family Services still exists today?</p> <p>18 A. Correct.</p> <p>19 Q. And after that then you went and</p> <p>20 helped establish OACBHA, correct?</p> <p>21 A. Correct.</p> <p>22 Q. So let's talk about OACBHA.</p> <p>23 You alluded to the fact that three</p> <p>24 organizations had existed previously. Did I</p> <p>25 hear that correctly?</p>
<p style="text-align: right;">Page 23</p> <p>1 institutions and we actually created two</p> <p>2 completely separate small treatment</p> <p>3 institutions, one for young men and one for</p> <p>4 young women, specific to drug and alcohol abuse.</p> <p>5 Q. And these are inpatient</p> <p>6 institutions?</p> <p>7 A. Well, yes. I mean, they were --</p> <p>8 they were correctional institutions with</p> <p>9 treatment programs within them.</p> <p>10 Q. At the time what was the most common</p> <p>11 form of substance use disorder that these</p> <p>12 patients had?</p> <p>13 A. A lot of alcohol, marijuana,</p> <p>14 cocaine. There may have been -- heroin would</p> <p>15 have been pretty rare with kids that young. So</p> <p>16 the alcohol and marijuana would have been by far</p> <p>17 the drugs of choice back then.</p> <p>18 Q. Any prescription drug abuse that you</p> <p>19 recall?</p> <p>20 A. I'm not going to say there wasn't</p> <p>21 any, but I don't remember it as at that point in</p> <p>22 time having been prevalent.</p> <p>23 Q. And then you went to the Department</p> <p>24 of Job and Family Services and you merged two</p> <p>25 departments?</p>	<p style="text-align: right;">Page 25</p> <p>1 A. Yeah. There used to be -- well,</p> <p>2 there still are technically -- three types of</p> <p>3 boards. There were ADAMH boards, alcohol drug</p> <p>4 addiction and mental health boards, there were</p> <p>5 just alcohol and drug abuse boards, and there</p> <p>6 were community mental health boards.</p> <p>7 At the time when I went, there were</p> <p>8 43 combined boards, and then there were seven</p> <p>9 separate alcohol and drug boards and seven</p> <p>10 separate community mental health boards. So for</p> <p>11 a period of time before I ever got there, and I</p> <p>12 never really worked with them that much, you had</p> <p>13 one association just for the drug boards, you</p> <p>14 had one association for what they called -- they</p> <p>15 called it Met-Net at the time, which was all the</p> <p>16 large mental health boards and a few of the</p> <p>17 large combined boards, and then you had the</p> <p>18 ADAMH board association. So they had determined</p> <p>19 that, in their legislative work and in their</p> <p>20 advocacy work, having three different voices was</p> <p>21 making no sense, so they brought all of those</p> <p>22 associations down, they all came together,</p> <p>23 created a charter, and decided to create one</p> <p>24 association, and they hired me.</p> <p>25 Q. So what's the purpose of OACBHA?</p>

<p style="text-align: right;">Page 26</p> <p>1 A. We are the trade association for the 2 drug and alcohol and mental health boards across 3 the State of Ohio. We represent them with the 4 legislature. We represent them with the federal 5 government when necessary. We represent them 6 with the administration, whether it's working 7 with the governor's office or one of the state 8 departments, Medicaid, alcohol and drug 9 addiction and mental health services. It just 10 depends whichever department we need -- or 11 whichever department we need to work with. 12 We also do a fair amount of 13 education and training. We hold conferences. 14 We hold a lot of educational different seminars 15 and so forth. So we do a lot of that. We do a 16 lot of mentoring with new directors. We help 17 set up educational programs for new directors. 18 But in the cleanest sense, we're their trade 19 association. 20 Q. So who are the members of -- strike 21 that. 22 So does OACBHA have members? 23 A. We do. Our members are the -- we 24 have 49 of the 51 alcohol, drug addiction and 25 mental health boards across the state as our</p>	<p style="text-align: right;">Page 28</p> <p>1 board but we do a lot of work with board 2 members. 3 We've had a lot of turnover. A lot 4 of my members have been retiring because they've 5 been in the field for a long time, so we also 6 help the board members, because each drug and 7 alcohol, mental health board has a local board 8 that's appointed by the county commissioners and 9 the governor's office, and so we help them. If 10 they're hiring somebody new, we do succession 11 planning with them. We actually do help them 12 set up -- do interviewing, anything like that. 13 So we offer that service to them. We also do a 14 lot of training of local board members, which 15 are the community boards as well. 16 Q. So what type of training do you 17 provide to local boards? 18 A. Mostly things like we have one 19 that's called roles, rights and 20 responsibilities, so they know what their roles 21 are. We do something pretty regularly called 22 state of the state, where we try to bring them 23 up to speed with what's going on at the 24 legislature and with the administration, maybe 25 with the federal government.</p>
<p style="text-align: right;">Page 27</p> <p>1 members. 2 Q. And do you have any members aside 3 from those boards? 4 A. We do not at this point. At one 5 point we had affiliate members. We no longer 6 do. 7 Q. And was that a choice to no longer 8 have affiliate members? 9 A. It really wasn't something that took 10 off, so yes. 11 Q. What does membership in OACBHA 12 entail for these counties? 13 A. We try to create speaking with one 14 voice, so when they come together -- we have 15 bimonthly membership meetings. We have 16 regular -- they elect their own leadership, 17 which is an executive council, to represent 18 them. So we represent them with the 19 legislature. We represent them with the 20 administration. So it gives them that voice. 21 We provide them with a great deal of 22 information. We do regular updates to them on 23 what's going on across the state, what's going 24 on with the budget. We do budget advocacy for 25 them. We represent not only the director of the</p>	<p style="text-align: right;">Page 29</p> <p>1 We can do -- if they ask us to do 2 something specific -- we've gotten much more in 3 the last several years into strategic planning. 4 We've done several strategic planning sessions 5 with local boards, where we start from helping 6 them create visions and missions or updating 7 visions and missions all the way to developing a 8 strategic plan for a couple of years. 9 I don't do it, but I also have a 10 staff member who is responsible for something 11 called the Culture of Quality, which is 12 certifying boards, and she'll go out and train 13 on the -- I think there's 112 standards within 14 the Culture of Quality. She'll go out and train 15 on those standards so a board knows how to 16 become certified and will help them develop a 17 plan to become certified. Again, I don't 18 typically do that but I have a staff member that 19 does that. 20 Q. And I think we're going to get into 21 a few of those things in more detail with some 22 documents later, but while we're on it, just on 23 the meetings point, you mentioned they're 24 bimonthly. Does that mean -- I always get 25 confused -- twice a month or every other month?</p>

<p style="text-align: right;">Page 30</p> <p>1 A. Sorry. Every other month.</p> <p>2 Q. Okay. Got it.</p> <p>3 And how long are those meetings</p> <p>4 typically?</p> <p>5 A. Typically we go from about 10 to 3.</p> <p>6 If we have a really big agenda, we might go from</p> <p>7 9:30 to 3:30, but they're typically 10 to 3.</p> <p>8 Maybe once a year, and this has only happened</p> <p>9 the last couple of years, we might do a retreat</p> <p>10 that goes overnight.</p> <p>11 Q. And who typically attends those</p> <p>12 meetings?</p> <p>13 A. Board directors and staff, so -- and</p> <p>14 then if we have a guest speaker, and guest</p> <p>15 speakers typically are someone from the state</p> <p>16 department coming to give us an update about</p> <p>17 what's going on within the department.</p> <p>18 We occasionally might have a</p> <p>19 legislator come talk to us if they've got some</p> <p>20 bill pending that they want to inform us about,</p> <p>21 but that would typically be who's there, and</p> <p>22 then my staff and myself.</p> <p>23 Q. And is attendance mandatory for</p> <p>24 members?</p> <p>25 A. It is not.</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. Are minutes kept of the meetings?</p> <p>2 A. Correct. Yes.</p> <p>3 Q. Who keeps the minutes?</p> <p>4 A. One of my staff.</p> <p>5 Q. And then are the minutes later</p> <p>6 approved?</p> <p>7 A. Correct, at the following membership</p> <p>8 meeting.</p> <p>9 Q. And by whom are they approved?</p> <p>10 A. The members.</p> <p>11 Q. Does OACBHA retain the minutes?</p> <p>12 A. We do.</p> <p>13 Q. Do you know how far back your</p> <p>14 retention goes?</p> <p>15 A. I believe -- I don't want to swear</p> <p>16 by this, but I believe we have them all the way</p> <p>17 back to the beginning. Todd keeps notebooks.</p> <p>18 So I believe we do.</p> <p>19 Q. Does OACBHA follow any particular</p> <p>20 procedure with respect to how it conducts the</p> <p>21 meetings?</p> <p>22 A. I would say a loose interpretation</p> <p>23 of Robert's Rules of Order.</p> <p>24 Q. And can you just give a brief</p> <p>25 overview of OACBHA's interpretation of Robert's</p>
<p style="text-align: right;">Page 31</p> <p>1 Q. Do they typically attend in person,</p> <p>2 by phone, combination?</p> <p>3 A. For our membership meetings, it's</p> <p>4 only in person. We don't have a phone option.</p> <p>5 Q. Are there agendas for those</p> <p>6 membership meetings?</p> <p>7 A. Absolutely.</p> <p>8 Q. Who sets the agendas?</p> <p>9 A. I work in conjunction with my staff</p> <p>10 and my president to set that agenda.</p> <p>11 Q. And the president, is that the</p> <p>12 president of the executive council that you had</p> <p>13 mentioned?</p> <p>14 A. That's correct.</p> <p>15 Q. So how do items get onto the agenda?</p> <p>16 What's the process for that?</p> <p>17 A. Board directors, if they have a</p> <p>18 specific issue they would want on there, they</p> <p>19 let us know; otherwise, it's based pretty much</p> <p>20 on what's going on. I have a pretty good handle</p> <p>21 on that and I'll talk to the president.</p> <p>22 Our executive council meets every</p> <p>23 month either by phone or in person and</p> <p>24 oftentimes the executive council will help drive</p> <p>25 what's on the next agenda as well.</p>	<p style="text-align: right;">Page 33</p> <p>1 Rules of Order?</p> <p>2 A. Sure.</p> <p>3 We have minutes. We have some</p> <p>4 internal rules that minutes need to go out from</p> <p>5 us after. Within seven working days we send</p> <p>6 them out. If people have corrections, they'll</p> <p>7 send them back. When we have a membership</p> <p>8 meeting, we take a motion and a second, there's</p> <p>9 discussion, and then there's a vote. And that</p> <p>10 would be on all things, not just minutes.</p> <p>11 Q. Are members allowed to raise -- are</p> <p>12 members able to raise new issues at the</p> <p>13 membership meetings that are not already on the</p> <p>14 agenda?</p> <p>15 A. Sure.</p> <p>16 Q. How does that work?</p> <p>17 A. It's not a formal process per se.</p> <p>18 It typically happens in one of two ways.</p> <p>19 In the last several years in the</p> <p>20 beginning of our meeting we brought the director</p> <p>21 of the Department of Mental Health and Addiction</p> <p>22 Services, and he or she typically has 45 minutes</p> <p>23 to an hour and he or she will go over kind of</p> <p>24 what's going on in their department. And there</p> <p>25 are times that at the end she'll have or he'll</p>

<p style="text-align: right;">Page 34</p> <p>1 have open discussion and our members will just 2 bring something up that had nothing to do with 3 anything that was on the agenda. 4 The other time that -- and it could 5 happen any time throughout, frankly, but the 6 other time that's most likely to happen is at 7 all meetings, time permitting, and typically it 8 happens, I do something called a CEO report, 9 where I just talk about the things that are 10 going on. It's not abnormal for someone to just 11 ask a question that had nothing to do with 12 anything about the agenda and then we'll either 13 let them know what we know or we tell them we'll 14 do some research and find out. 15 Q. You mentioned the executive council 16 of OACBHA that meets monthly. Did I hear that 17 right? 18 A. For the most part. There are some 19 months where we don't meet, but typically 20 monthly. 21 Q. How many people are on the executive 22 council? 23 A. There's nine voting members, and 24 then members of committees often attend but 25 they're not a voting member unless they're both</p>	<p style="text-align: right;">Page 36</p> <p>1 calling a special meeting, 60 percent vote, but 2 for the most part, on the day to day if things 3 come up, it's the executive council who is 4 making some of those decisions. 5 Q. And in terms of the meetings, I take 6 it the executive council members would attend 7 those meetings? 8 A. Correct. And as I said, some -- 9 they cannot send somebody in their place, but 10 also committee chairs can attend those meetings. 11 They also cannot send somebody in their place. 12 Q. And do you also attend those 13 meetings? 14 A. I do. 15 Q. Do any other staff members? 16 A. My two associate directors and my 17 one senior director or senior program director, 18 yes, attend that meeting. 19 Q. Are there agendas for the executive 20 council meetings? 21 A. Yes. 22 Q. Who decides what goes on the -- 23 A. The executive -- the director, 24 president and I. 25 Q. And who is responsible for actually</p>
<p style="text-align: right;">Page 35</p> <p>1 an executive council member and a committee 2 chair, some of which do have both jobs. 3 Q. How are the members of the executive 4 council chosen? 5 A. They are elected. They are elected 6 for three years. Our president then is elected 7 from within the existing executive council. So 8 we have seven at large members, a president 9 elect, and a president. The president elect 10 serves two years as president elect and then 11 serves two years as president. The president 12 elect comes out of the existing seven at large 13 members. 14 Q. And what's the function of the 15 executive council? 16 A. The function of the executive 17 council is to kind of run the organization 18 overall. Technically I report to the executive 19 council, the president, for the most part. They 20 can take a position. If there's not time to 21 have a meeting of the full membership, they may 22 take a position. They can approve the budget, 23 those types of things. They approve the dues. 24 The membership always has the right 25 to overrule an executive council decision by</p>	<p style="text-align: right;">Page 37</p> <p>1 maintaining the agenda? 2 A. Again, Todd, Todd Hollett, who is 3 our operations administrator, has books of all 4 of those. 5 Q. Are there certain topics or agenda 6 items that are discussed on a regular basis by 7 the executive council? 8 A. Yes. I mean, we always do the 9 minutes. We always go over all of the 10 financials. For the last couple of years 11 behavioral health redesign has been a big piece 12 that's been on all of our agendas. There's 13 typically something related to Medicaid, and 14 then there's a CEO report and kind of whatever 15 is going on may be on there. 16 Q. What's behavioral health redesign? 17 A. There's been a huge change across 18 the State of Ohio in Medicaid and how that's run 19 within mental health and addiction, and so it's 20 called behavioral health redesign across the 21 state and it's been going on now for what, three 22 years about. 23 Q. And does that relate to both mental 24 health and addiction services? 25 A. It does.</p>

<p style="text-align: right;">Page 38</p> <p>1 Q. And what is being changed with 2 respect to addiction services? 3 A. In respect to both, because it's not 4 one or the other, there have been several 5 changes. I guess I can give you a little 6 chronology. 7 Boards used to oversee Medicaid. In 8 2012 Medicaid was elevated. Then I believe in 9 '15 there was Medicaid expansion, and then 10 starting in '16 there was BH redesign. The 11 State of Ohio had to go to the national code set 12 because the State of Ohio, for behavioral 13 health, was a fee for service, and we had 18 14 codes we billed versus the national code set, 15 which is over a hundred, and so we had to go to 16 the national code set to be in alignment with 17 the national codes. And then just this last 18 year we went from being fee for service to all 19 of behavioral health, with the exception of a 20 couple little pockets, was carved under managed 21 care. 22 And so all of those processes has 23 had a large steering committee, of which my 24 staff and I have been part of. And steering 25 committee is relative. It's kind of more of a</p>	<p style="text-align: right;">Page 40</p> <p>1 go out within seven working days after 2 typically. They have a right to do feedback and 3 then there's a motion, any changes, motion and a 4 second, any changes, and then they're approved, 5 yes. 6 Q. And OACBHA retains those minutes? 7 A. We do. 8 Q. So you are the chief executive 9 officer of OACBHA, correct? 10 A. I am. 11 Q. And how did you become CEO? 12 A. Went through a couple of interviews 13 and I was hired. 14 Q. Who hired you? 15 A. The executive council at that time. 16 Q. And was the -- strike that. 17 So can you explain to me the role of 18 the executive council in the genesis of OACBHA, 19 the merger of the three prior associations? 20 A. Yes. 21 As I understand it -- now, some of 22 this happened before I came along, but as I 23 understand it, sitting board members from each 24 of the previous three organizations came 25 together, worked with each of their memberships</p>
<p style="text-align: right;">Page 39</p> <p>1 report out. But we've had the opportunity to 2 ask questions and get feedback, so we've been 3 part of that, so regularly report out on that. 4 We also regularly ask boards for 5 their feedback on specific issues and then feed 6 that back as well. 7 Q. And in addition to those topics that 8 are regular agenda items for the executive 9 council, are there things that get -- are there 10 other topics that get added on in a more ad hoc 11 basis? 12 A. On a regular ad hoc -- it's pretty 13 dynamic and fluid. A lot of things come up at 14 those meetings. Something could have been going 15 on. Something could have happened with the 16 department. Something could be going on with a 17 specific grant. They're pretty organic. It 18 depends what's going on around us to what those 19 meetings might be about. 20 Q. And are minutes kept of those 21 meetings? 22 A. That is correct. 23 Q. And are they -- is there also an 24 approval process for those minutes? 25 A. Same exact approval process. They</p>	<p style="text-align: right;">Page 41</p> <p>1 to come to agreement to merge into a singular 2 association. Then each of those groups, once 3 they voted, their -- I believe it was their 4 leadership that came together to form the first 5 executive council. 6 Our executive council today does not 7 look like our executive council then did. It 8 has evolved. But there were members from the 9 old ADAS Association, there were members from 10 the old Met-Net Association and there were 11 members from the ADAMH association. So that's 12 three associations. They came together. Each 13 of them had equal members on the board. And I 14 was interviewed by all of them. 15 Q. And what were your main 16 responsibilities as CEO when you first started? 17 A. Just to create the place. There was 18 a temporary office that was being staffed by a 19 contract person. So when I first started, I was 20 initially -- I can't remember if I was given 21 initially two or three positions, but I had to 22 hire staff, I had to create the office. I had 23 to start working with -- I mean, we -- there was 24 a draft logo. So, I mean, I had to do 25 everything from create logo to create letterhead</p>

<p style="text-align: right;">Page 42</p> <p>1 to develop -- merge the banking systems. I 2 mean, it really was setting up the office. They 3 had some basic bylaws at that point in time and 4 they had some basic financial structure, but 5 they didn't really have -- they had no financial 6 rules in place. They had no policies and 7 procedures in place. I mean, I was doing all of 8 that.</p> <p>9 Q. And then after the organization got 10 up and running, what were your responsibilities?</p> <p>11 A. My responsibilities, again, were to 12 schedule the meetings, to schedule the 13 membership meetings, to work with the executive 14 council to determine kind of the focus. We did 15 some strategic planning for where the membership 16 wanted to go.</p> <p>17 At that point in time there was a 18 large lawsuit going on. I don't even remember 19 what it was called. But there was a large 20 lawsuit going on between the boards and the 21 providers, and so I represented the boards at 22 those lawsuits. That lawsuit has long since 23 been gone. But it was a large lawsuit at that 24 point in time. So there was actually a lawyer, 25 Frank Hickman, that was contracted with the</p>	<p style="text-align: right;">Page 44</p> <p>1 THE WITNESS: Can I ask Christina?</p> <p>2 Do you know when it ended?</p> <p>3 Q. You can just say you don't know.</p> <p>4 A. I don't know. Sorry. I don't know.</p> <p>5 Q. Do you remember what it was about?</p> <p>6 A. Yes. It was about -- it was about 7 how a board had paid a certain provider Medicaid 8 and their contracting with that particular 9 board, and then it just got into a much bigger 10 lawsuit overall. And mostly it was around how 11 boards chose to contract with certain providers, 12 and it was all wrapped up in that.</p> <p>13 Q. And you've mentioned the Culture of 14 Quality a few times. What is that?</p> <p>15 A. The Culture of Quality is a peer 16 certification process for local alcohol, drug 17 addiction and mental health boards. It's run 18 out of our office. Our office created it in 19 conjunction with a subcommittee of OACBHA, which 20 was members, to develop a set of standards, and 21 now, I believe the last I knew, 26 or 27 of the 22 boards are actually certified.</p> <p>23 There are peer certifiers, which are 24 other directors or other executive staff from 25 board members. They go into an individual</p>
<p style="text-align: right;">Page 43</p> <p>1 boards that was leading that. Vorys Sater 2 Seymour & Pease was the provider's lawyer. And 3 so there were a lot of meetings around that. I 4 attended a lot of meetings and reported back to 5 the membership on that.</p> <p>6 It was creating things like -- there 7 were not orientation manuals for new directors. 8 I mean, there wasn't a mentoring process. 9 Within the first couple of years, maybe year 10 three, we started the Culture of Quality. So 11 there really wasn't any of that. I worked a lot 12 with -- because I came out of the Department of 13 Jobs and Family Services, the boards didn't 14 really have a relationship with Medicaid, so I 15 had to be very careful, obviously, about my 16 revolving door because I had supervised 17 Medicaid, but I started to create a relationship 18 with other departments other than just the 19 department of mental health at that time and the 20 department of alcohol and drug addiction 21 services.</p> <p>22 Q. What was the time frame that that 23 lawsuit was going on?</p> <p>24 A. Well, it was going on when I got 25 there. I honestly can't remember.</p>	<p style="text-align: right;">Page 45</p> <p>1 board, along with my staff person, Fonda 2 Freeman, and then they do a peer certification 3 audit. It's a two-day audit where they look at 4 all of the board's policies, procedures, making 5 sure that they're meeting all the state 6 standards, all the federal standards, all the 7 board guidelines. They speak with a board 8 member, they speak with a provider, I believe 9 they speak with a consumer just to make sure 10 that the board is really operating as they 11 should be in a quality manner day to day.</p> <p>12 Q. And the standards, do they relate to 13 quality of care?</p> <p>14 A. We do not. Our boards are not 15 providers of services. Our boards contract for 16 services. So this is actually the day-to-day 17 running of the office. More around how they 18 handle their grants, how they handle their 19 finances, how they handle their human resources. 20 Our boards are clients' rights officers, so we 21 make sure that piece is in place, all of those 22 kind of things. So we make sure that our boards 23 are in compliance with our statutory authority, 24 which is 340, that we're doing what needs to be 25 done there.</p>

<p style="text-align: right;">Page 46</p> <p>1 Q. And OACBHA has other staff besides 2 just you, correct? 3 A. That's correct. 4 Q. How many staff did OACBHA -- one 5 would hope -- OACBHA have when you first started 6 as CEO? 7 A. When I first started as CEO, it was 8 me, and there was a contract person there that 9 had been kind of helping with their meetings and 10 stuff. So there was me, and then the next 11 person I hired was an office manager, and then 12 the person I brought on after that was a program 13 person. So my first two people, one was an 14 office manager and one was a program person. 15 And then at different times, depending upon what 16 grants we've had or what we're doing, we've been 17 up in staff or down in staff. 18 Q. And how many staff do you have 19 currently? 20 A. I have two new ones starting today. 21 I'm not there. As of today, there are eight of 22 us. I have eight, counting me, so I have seven 23 staff. I also have what's called a Vista 24 member, so that's an additional person. And 25 that's part of the Center for National Service.</p>	<p style="text-align: right;">Page 48</p> <p>1 30. And that's a wild guess. And more so right 2 at this moment, to be honest, because I was 3 appointed to the Ohio -- Recovery Ohio Advisory 4 Committee, which has been a focus on opiates, 5 and there was a lot of discussion of opiates 6 running up to the election. 7 We're also right at the beginning -- 8 well, actually, we're right in the midst of 9 preparing for our upcoming opiate conference. 10 So Liz and I focus on that a little more right 11 now, and certainly here with the lawsuit. But 12 just in general, right now I would say 30 13 percent. And that ebbs and flows depending upon 14 what else is going on. 15 Q. What was the first year that you 16 recall starting to focus on opioid-related 17 issues? 18 A. The first time would have been -- it 19 was either in '02 or early '03, and I honestly 20 don't remember what the date was. We were 21 contacted by someone who wondered if we would be 22 interested in a grant with Purdue Pharma called 23 Painfully Obvious. So we had a Painfully 24 Obvious grant for maybe two years. That would 25 have been the first time.</p>
<p style="text-align: right;">Page 47</p> <p>1 We run a grant for them. 2 Q. Have you ever had any staff who 3 focused solely on opioid-related issues? 4 A. I have no staff that focus on any 5 one thing in general, with the exception of my 6 Vista person at this moment. I would say I have 7 been as much as anyone focused on the opiate 8 issue. My associate director, Liz Henrich, has 9 been focused on this, and then I've had 10 different staff off and on who may have done 11 some committee and so forth, but probably Liz 12 and I have been more focused on this than 13 anyone. 14 Q. It's Liz Henrich? 15 A. Liz Henrich, H-e-n-r-i-c-h. Her 16 official name is Elizabeth. 17 Q. And how long has she been with 18 OACBHA? 19 A. Twelve years, I believe. 20 Q. So you said that you focus on 21 opioid-related issues as much as anyone. At the 22 present time, about what percentage of your time 23 would you say you spend dealing with issues 24 related to opioids? 25 A. Boy, that's a tough one. Let's say</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. And what was the Painfully Obvious 2 grant for? 3 A. Painfully Obvious was from Purdue 4 Pharma. It was a -- kind of a prevention 5 program around prescription drugs. 6 Q. And that went from 2002 to 2003 for 7 about two more years? 8 A. It was two years. I just don't 9 remember if it started in '02 or '03. 10 Q. And aside from the Recovery Ohio 11 Advisory Committee and the upcoming opiate 12 conference, are there any particular 13 opioid-related initiatives you're working on 14 right now, also aside from this case today? 15 A. I'm thinking. Specific to opioids, 16 no. I mean, I will say opioids come up just 17 about any time I'm doing any kind of policy work 18 or anything like that, but outside of what I'm 19 doing for Recovery Ohio or the conference, not 20 really. 21 Q. And when you said opioids come up in 22 any policy work, that's relating to policy work 23 currently, correct? 24 A. Yes. 25 Q. How long has that been the case?</p>

<p style="text-align: right;">Page 50</p> <p>1 A. Opiates just in general started 2 becoming an issue -- I mean, outside of the 3 Painfully Obvious grant, which was really a 4 grant opportunity more than a policy kind of 5 issue -- I'm trying to think. It was before -- 6 it was during -- early in the Strickland 7 administration I guess, so maybe 12 years ago, 8 when it really started -- maybe more like ten 9 years ago, when it started becoming more of an 10 issue. 11 Q. And we'll circle back to some of 12 that and I'll show you some documents because 13 that's a while ago. 14 A. Okay. 15 Q. OACBHA has an annual budget? 16 A. We do. 17 Q. Where does the funding come from for 18 OACBHA? 19 A. It comes from several different 20 places. We -- over \$500,000 of it comes from 21 dues, so dues is the single largest way we make 22 money. We have several different grants that 23 help -- like right now I've got grants that are 24 paying for two staff in full. It also helps 25 offset some of the supervision of those staff.</p>	<p style="text-align: right;">Page 52</p> <p>1 doing specific opioid kind of trainings, no. 2 Q. So let's talk a little bit about the 3 local boards and their role in all this. 4 So in Ohio the local boards are 5 responsible for developing, funding, 6 administering and evaluating the local system of 7 mental health and addiction services; is that 8 fair? 9 A. That's correct. 10 Q. And the boards are created by 11 statute, correct? 12 A. Correct. 13 Q. And the statute establishes the 14 specific responsibilities of the board, correct? 15 A. For the most part. If I could, I 16 would say it either establishes or allows for, 17 because not all boards look exactly the same. 18 Q. This is going to be Exhibit 2. 19 - - - - - 20 (Thereupon, Walter Deposition 21 Exhibit 2, Two-Page Document 22 Entitled "Ohio's Alcohol, Drug 23 Addiction, and Mental Health Boards, 24 Community Boards Responding to 25 Community Needs," was marked for</p>
<p style="text-align: right;">Page 51</p> <p>1 We have a lot of conferences, 2 whether it's the opiate conference. We've done 3 two marijuana conferences in the last 18 months. 4 We arranged -- I think we did 15 or 16 BH 5 redesign -- regional meetings versus 6 conferences, so we sometimes raise money that 7 way. So it comes from those -- either through 8 kind of educational events, where we are able to 9 either get sponsors, or charge a fee or our 10 dues. 11 Q. And what are OACBHA's major types of 12 expenditures aside from administrative, staff 13 costs and overhead? 14 A. Well, we don't do programming other 15 than conferences, so it would be conferences, 16 educational events, meetings that we would hold, 17 travel, those kind of things. 18 Q. Setting aside the opiate 19 conferences, which we'll talk about in a bit, 20 has OACBHA done any educational events related 21 to opioids? 22 A. Other than the conferences, we may 23 have before the first official conference done a 24 training on it. I don't remember what we titled 25 our first one. But outside of that, are we now</p>	<p style="text-align: right;">Page 53</p> <p>1 purposes of identification.) 2 - - - - - 3 MS. KEARSE: Do you have the Bates 4 stamp? 5 MS. McNAMARA: This is not produced. 6 Q. Do you recognize this document? 7 A. I do. 8 Q. What is it? 9 A. It's -- well, we shortly refer to it 10 as community boards community benefits, but it's 11 an educational piece that we tend to use with 12 legislators or outside of our system folks to 13 understand what boards are. 14 Q. And this is available on your 15 website, correct? 16 A. It is. 17 Q. And I'll represent that's where I 18 downloaded it from. 19 A. This is brand new. This just came 20 out this January. 21 MS. KEARSE: Counsel, we just want 22 to know where the documents came from for the 23 record. 24 A. This one is brand new. It is an 25 update of what was called "Community Boards</p>

<p style="text-align: right;">Page 54</p> <p>1 Community Benefits."</p> <p>2 Q. So is it fair to say that one of the</p> <p>3 benefits of having a local board as opposed to a</p> <p>4 statewide entity is that you have board members</p> <p>5 who live within the community and are able to</p> <p>6 identify and respond to mental health and</p> <p>7 addiction trends within the community?</p> <p>8 A. Absolutely.</p> <p>9 Q. So -- and would you agree that --</p> <p>10 strike that.</p> <p>11 So if you look at the document</p> <p>12 about -- if you look at the third page of the</p> <p>13 document, the one with "Powers and Duties of</p> <p>14 Local ADAMHS Boards" at the top --</p> <p>15 A. Um-hum.</p> <p>16 Q. -- about two-thirds of the way down</p> <p>17 the page it says, "Local boards are uniquely</p> <p>18 positioned to rapidly identify changing</p> <p>19 community needs, respond to crisis situations,</p> <p>20 and serve as catalysts for change."</p> <p>21 Do you agree with that?</p> <p>22 A. Absolutely. I think it's one of the</p> <p>23 largest benefits of having local boards versus</p> <p>24 just a state-run system.</p> <p>25 Q. And that's been the case the entire</p>	<p style="text-align: right;">Page 56</p> <p>1 data on what is occurring across the state,</p> <p>2 including sometimes they have local data based</p> <p>3 on emergencies and so forth.</p> <p>4 Q. Got it. So just to follow up on the</p> <p>5 -- in conjunction with partners, you mentioned</p> <p>6 law enforcement, state agencies. What are the</p> <p>7 other partners of the boards?</p> <p>8 A. You know, it can depend from board</p> <p>9 to board, but I would say in general boards work</p> <p>10 with their local health departments, they work</p> <p>11 with law enforcement, they work with their local</p> <p>12 judicial system. They often work with their</p> <p>13 local school systems with prevention. They'll</p> <p>14 work with their job and family services. Many</p> <p>15 of our boards have a prevention task force,</p> <p>16 suicide task force, drug task force, and all of</p> <p>17 those task forces would include other community</p> <p>18 members depending upon who has expertise in that</p> <p>19 area.</p> <p>20 Our boards do a lot of work with</p> <p>21 local businesses. So our -- it's not abnormal</p> <p>22 for our boards to work with like the Lion's Club</p> <p>23 and the Eagles Club doing things. Our boards</p> <p>24 have relationships with their county</p> <p>25 commissioners. They have relationships with</p>
<p style="text-align: right;">Page 55</p> <p>1 time you've been CEO for OACBHA?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. That's correct.</p> <p>4 THE WITNESS: I don't know what that</p> <p>5 means. Can I ask?</p> <p>6 MS. KEARSE: That's an objection to</p> <p>7 the way the question was asked just for the</p> <p>8 record.</p> <p>9 THE WITNESS: The way I answered it</p> <p>10 or --</p> <p>11 MS. KEARSE: No. The question.</p> <p>12 MS. McNAMARA: My question.</p> <p>13 Q. And, in fact, would you agree that</p> <p>14 it's the board's responsibility to identify</p> <p>15 local health and mental addiction needs?</p> <p>16 A. I would say it is the local board's</p> <p>17 responsibility in conjunction with other</p> <p>18 partners. I don't believe that it is the board</p> <p>19 and the board alone. That's why we consider our</p> <p>20 boards the convenor of other members, whether</p> <p>21 it's law enforcement, whether it's the health</p> <p>22 department, whether it's health and human</p> <p>23 services. And I would say it's also a bit of</p> <p>24 the state's responsibility because they're the</p> <p>25 ones that tend to collect data and have more</p>	<p style="text-align: right;">Page 57</p> <p>1 their county sheriffs. So we really -- as we</p> <p>2 see it and as we believe it, we believe boards</p> <p>3 are the local experts, the local hubs for drug</p> <p>4 and mental -- drug addiction, alcohol addiction</p> <p>5 and mental health needs.</p> <p>6 Q. So if there is a mental health or</p> <p>7 addiction-related crisis going on in the</p> <p>8 community, you would expect the local board to</p> <p>9 know about that, correct?</p> <p>10 A. We would certainly hope they do,</p> <p>11 yes.</p> <p>12 Q. And if there is a mental health or</p> <p>13 addiction-related epidemic going on in the</p> <p>14 community, you would expect the local board to</p> <p>15 know about that, correct?</p> <p>16 A. We would hope so, yes.</p> <p>17 Q. And you would expect them to be</p> <p>18 taking steps to combat that epidemic or crisis,</p> <p>19 correct?</p> <p>20 A. We would -- yeah. We would expect</p> <p>21 them to be working with their community partners</p> <p>22 to figure out ways to best address that in their</p> <p>23 local community. And I would also say that</p> <p>24 sometimes it's within the finances available.</p> <p>25 We have boards who have different levels of</p>

<p style="text-align: right;">Page 58</p> <p>1 financial resources. We have some boards with 2 levies, some boards without. So it's sometimes 3 your ability to respond is based upon your 4 ability to pay for it. 5 Q. You mentioned levies as a source of 6 funding for at least some of the boards? 7 A. Correct. 8 Q. What are the other sources of 9 funding for the boards? 10 A. So local levies. And I will tell 11 you we have 12 counties in the state that do not 12 have levies, so -- and we actually have a levy 13 map. 14 Boards get allocations from the 15 Department of Mental Health and Addiction 16 Service. They get some of them via grant. They 17 get some of them as general allocation through 18 the 421 line item. That is their community 19 line. Some of our boards may get some money 20 from the health department. Some of our boards 21 get WIA, Workforce Investment Act, funds. So it 22 depends. Some of them do different grants. 23 Some of them will get community funds. As I 24 said, we have 12 boards without levies. We have 25 two boards, Cuyahoga County and Montgomery, that</p>	<p style="text-align: right;">Page 60</p> <p>1 number, just the number of people who are 2 overdosing, even those that are not dying. The 3 number of people that are accessing services. 4 Certainly I've done enough work with the Buckeye 5 Sheriff's Association and others to know the 6 crime that can be driven by the epidemic. 7 I am also -- well, I'll just leave 8 it at that. 9 Q. And you're aware of the opiate 10 epidemic existing today, correct? 11 A. Correct. 12 Q. And, in fact, it's been going on for 13 a long time, correct? 14 MS. KEARSE: Object to form. 15 A. We have been focused on it probably 16 for the last ten years in some form or another. 17 THE WITNESS: Can I ask a procedural 18 question? 19 MS. McNAMARA: Sure. 20 THE WITNESS: If you object, am I 21 supposed to answer? 22 MS. KEARSE: Yes. 23 MS. McNAMARA: Yes. They'll tell 24 you not to answer. 25 MS. KEARSE: It's for the record.</p>
<p style="text-align: right;">Page 59</p> <p>1 are part of a health and human services levy, so 2 they actually get their allocations from their 3 county commissioners. Some boards may get a 4 little bit of other money from county 5 commissioners. Some boards get no money from 6 county commissioners outside of their local 7 levy. Many of our boards have federal grants 8 that they've gone after through SAMHSA or some 9 other organization. Some of our boards have 10 community foundation grants. Some of them have 11 national foundation grants. So there are many 12 different ways that our boards get levies, but I 13 would say the top two ways would be state 14 allocations and for some boards their local 15 levies. For some boards their local levy is by 16 far their largest income source. 17 Q. So you've heard people discuss an 18 opiate epidemic in Ohio, correct? 19 A. Correct. 20 Q. What do you understand opiate 21 epidemic to refer to? 22 A. Well, several things in -- that I 23 understand it to be. 24 Certainly the overdose deaths is 25 maybe what the public sees as the largest</p>	<p style="text-align: right;">Page 61</p> <p>1 - - - - - 2 (Thereupon, Walter Deposition 3 Exhibit 3, E-Mail from Cheri Walter 4 to Several Recipients, Dated April 5 3, 2009, Beginning Bates Number 6 CUYAH_012387509 - Marked 7 Confidential, was marked for 8 purposes of identification.) 9 - - - - - 10 Q. I'm going to hand you Exhibit 3. 11 Exhibit 3 is an e-mail from you to a long list 12 of people dated April 3rd, 2009. The Bates 13 number is CUYAH_012387509. 14 A. Okay. 15 Q. Do you recognize this document? 16 A. I believe I sent it. It does not -- 17 no, I don't remember it, but I'm sure I sent it, 18 yes. 19 MS. KEARSE: And I'm going to say 20 for the record, when she reads the Bates stamp 21 numbers, that means it wasn't produced out of 22 the OACBHA files, it was produced out of 23 Cuyahoga County's files, correct? 24 A. I'm sure I sent it. I mean, it has 25 my name on it.</p>

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1 Q. And the subject line of this e-mail
2 is "Updates."
3 Do you see that?
4 A. I do.
5 Q. Now, this e-mail has a very long
6 list of recipients, correct?
7 A. Correct.
8 Q. So what is this group of people?
9 Who are these people who are receiving this
10 e-mail?
11 A. I laugh only because it is a long
12 list.
13 I started out by doing something
14 called either updates or several things. You'll
15 see both titles often. And it initially started
16 out with all of my directors. Well, many of my
17 directors then added staff. So that's why you
18 have this list that is so long. I'm betting
19 that everybody on here is either a director or a
20 staff member. I would have to read it
21 specifically, but just in looking at it, that
22 appears true.
23 I also -- it appears that numerous
24 of these people are on here more than once. I'm
25 not sure why that is. But anyhow, it appears to

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1 be our members and/or their staff. The cc are
2 all my staff.
3 Q. And in the second line of the
4 recipient list do you see the name Bill Denihan?
5 A. Yes.
6 Q. Do you know Mr. Denihan?
7 A. I do.
8 Q. Who is he?
9 A. He was the director of the Cuyahoga
10 County Alcohol, Drug Addiction and Mental Health
11 Board. He has since retired.
12 Q. And all the way down at the bottom
13 of the list, about three lines up from the
14 bottom on the right side, there's Tom Leffler.
15 Do you see that?
16 A. I do.
17 Q. Do you know Mr. Leffler?
18 A. I've met him, yeah, but I don't know
19 him well like I know my directors.
20 Q. Do you know -- and Mr. Leffler's
21 e-mail address is Lefflert@admboard.org.
22 Do you see that?
23 A. I do.
24 Q. Do you know which ADM Board
25 Mr. Leffler was affiliated with?

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1 A. Based on the -- I'm going to assume
2 it's the -- the Summit County.
3 Q. And this particular update, if you
4 look at the bottom of the first page onto the
5 second page, discusses a press conference.
6 Do you see that?
7 A. I do.
8 Q. And it talks about the front page
9 coverage of the press conference in the Dispatch
10 and coverage on NPR.
11 Do you see that?
12 A. I do.
13 Q. Then if you flip through the
14 attachments to the e-mail, there are a couple of
15 articles. The first one is "Advocates Make Case
16 For Providing Addiction Treatment Services."
17 And that's on the page with the Bates number in
18 the lower right-hand corner ending in 517.
19 Do you see that?
20 A. I do.
21 Q. And is this article discussing the
22 press conference referred to in your updates
23 article?
24 A. I'm assuming. I honestly don't
25 know, but if it was attached, I'm guessing yes.

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1 I mean, I don't remember, to be real honest.
2 Q. So you don't remember this
3 particular press conference in 2009?
4 A. I do not.
5 Q. Fair enough.
6 And the next article behind that
7 starting on page 518 looks like it comes from
8 Dispatch Politics with the title "Ohio Has OD
9 Epidemic."
10 Do you see that?
11 A. I do.
12 Q. And this article is discussing an
13 overdose epidemic; is that correct?
14 A. Correct.
15 Q. And the article points out in the
16 second paragraph that unintentional poisoning
17 deaths exceed the number of traffic fatalities.
18 Do you see that?
19 A. I do.
20 Q. And then in the fourth paragraph it
21 says, "The state agency calls it an epidemic."
22 Do you see that?
23 A. Correct. I do.
24 Q. And it references -- and there was
25 a -- and just below that, two paragraphs down,

<p style="text-align: right;">Page 66</p> <p>1 it talks about the press conference and</p> <p>2 references a backdrop of state budget cutbacks</p> <p>3 for drug, alcohol and mental health treatment</p> <p>4 programs.</p> <p>5 Do you see that?</p> <p>6 A. I'm sorry. Which paragraph?</p> <p>7 Q. It's the sixth paragraph down. It</p> <p>8 starts with "Officials gathered."</p> <p>9 A. Yes, I see it.</p> <p>10 Q. So do you recall what was going on</p> <p>11 at the time around 2009 with respect to state</p> <p>12 funding of mental health and addiction services?</p> <p>13 A. Specific to 2009, we would have been</p> <p>14 on a biennial budget. So I'm guessing we were</p> <p>15 advocating on behalf of biennial budget funds.</p> <p>16 There was a long period of time where we saw</p> <p>17 cuts in drug and alcohol funding, and so I'm not</p> <p>18 terribly surprised to see that we did a press</p> <p>19 conference around that particular issue.</p> <p>20 Q. And then on the next page of that</p> <p>21 article it actually quotes you in the second</p> <p>22 paragraph saying, "Many Ohio counties have no</p> <p>23 funds left over to provide services to middle or</p> <p>24 lower income families who have minimal or no</p> <p>25 healthcare benefits."</p>	<p style="text-align: right;">Page 68</p> <p>1 purposes of identification.)</p> <p>2 - - - - -</p> <p>3 Q. I'm going to hand you Exhibit 4.</p> <p>4 This is an e-mail chain, the top e-mail from</p> <p>5 Orman Hall on June 1st, 2009. The Bates stamp</p> <p>6 is CUYAH_012384852.</p> <p>7 A. This absolutely looks like something</p> <p>8 I would have sent.</p> <p>9 Q. Pardon?</p> <p>10 A. This absolutely looks like an e-mail</p> <p>11 I sent.</p> <p>12 Q. And the first e-mail is an e-mail</p> <p>13 from you to, again, a long list of people, with</p> <p>14 the subject line "Budget Alert," correct?</p> <p>15 A. Right.</p> <p>16 Q. And so let's start with that e-mail</p> <p>17 and then move kind of up the chain. What</p> <p>18 particular budget is this discussing? Is it a</p> <p>19 biennial?</p> <p>20 A. A biennial budget, same as the one</p> <p>21 before.</p> <p>22 Q. And a biennial budget means it's</p> <p>23 done once every two years?</p> <p>24 A. Correct.</p> <p>25 Q. Is that still the process -- the</p>
<p style="text-align: right;">Page 67</p> <p>1 Do you see that?</p> <p>2 A. I do.</p> <p>3 Q. And that's referencing the state</p> <p>4 budget cutbacks that have been happening?</p> <p>5 A. I believe at that point it was, yes.</p> <p>6 Q. And the article goes on to discuss</p> <p>7 how opiates specifically are largely responsible</p> <p>8 for the alarming increase in drug poisoning</p> <p>9 death rates, correct?</p> <p>10 A. Correct.</p> <p>11 Q. And the article specifically</p> <p>12 references a number of prescription drugs a few</p> <p>13 paragraphs down, including methadone, oxycodone,</p> <p>14 hydrocodone and morphine, correct?</p> <p>15 A. Correct.</p> <p>16 Q. This was an article that you</p> <p>17 forwarded at the time in 2009 to all of your</p> <p>18 county board executive directors and a few staff</p> <p>19 members, correct?</p> <p>20 A. I believe I probably did, yes.</p> <p>21 - - - - -</p> <p>22 (Thereupon, Walter Deposition</p> <p>23 Exhibit 4, E-Mail String, Beginning</p> <p>24 Bates Number CUYAH_012384852 -</p> <p>25 Marked Confidential, was marked for</p>	<p style="text-align: right;">Page 69</p> <p>1 budgeting process in Ohio?</p> <p>2 A. Correct.</p> <p>3 Q. And just in terms of a high level</p> <p>4 walk-through of the budgeting process, do you</p> <p>5 know which house is responsible for proposing</p> <p>6 that budget?</p> <p>7 A. Neither house proposes. The</p> <p>8 governor's office proposes the budget. It first</p> <p>9 goes to the house, then goes to the senate. The</p> <p>10 house and senate often have their own. And in</p> <p>11 the last several years I would say the house in</p> <p>12 particular has been exceptionally active in the</p> <p>13 opiate epidemic in specific and has created</p> <p>14 numerous funds around that, held many meetings</p> <p>15 around that. But yes, it goes governor to the</p> <p>16 house to the senate.</p> <p>17 Q. Got it.</p> <p>18 And then the governor ultimately</p> <p>19 approves it?</p> <p>20 A. The governor ultimately signs it</p> <p>21 with line item veto.</p> <p>22 Q. Is there any ability to change parts</p> <p>23 of the budget midstream during the two-year</p> <p>24 period if unexpected events or expenses occur?</p> <p>25 A. Yes. I mean, I can't, but certainly</p>

<p style="text-align: right;">Page 70</p> <p>1 the house and the governor or the senate can. 2 In the last several bienniums they've also -- it 3 started under Governor Kasich. They did 4 something called a mid-biennium review, and in a 5 couple of those they made substantial changes 6 both to funding and to statutory authority. 7 Q. You had mentioned that recently the 8 house has been very active in creating 9 opioid-related funds. 10 Did I hear that correctly? 11 A. You did. 12 Q. Are there any particular legislators 13 who are active on that issue? 14 A. Correct. Yes, there are. 15 Q. Who are they? 16 A. The most active would have been -- 17 he is now the treasurer effectively, but Robert 18 Sprague, who was out of Findlay, was 19 exceptionally active. 20 Representative Smith out of Gallia, 21 Jackson and Meigs, both when he was the finance 22 chair, as he was the speaker, and I'm assuming 23 again he will, but he's always been very active. 24 Representative Scott Ryan has been 25 very active, both prior to becoming chair -- he</p>	<p style="text-align: right;">Page 72</p> <p>1 the president of my board for a period, so he 2 would have testified. So I would have worked 3 with him in that capacity. Bill was very active 4 in helping bring recovering individuals to the 5 opiate conference. So I would have worked with 6 him in that capacity. 7 If I had worked on an initiative 8 language or anything, it would have been 9 specific to him being president and working with 10 the board, not outside of the board. 11 Q. And Mr. Harper, have you had the 12 opportunity over the years to work with him on 13 any initiatives related to opioids? 14 A. I don't believe I specifically 15 worked with Bill. He was not the director there 16 long, and the other board he was director at 17 was -- I won't say. I don't believe I did. It 18 does not come to mind. 19 Q. Now, your budget alert e-mail, at 20 the top of it there is an acronym ODADAS and a 21 number of bullet points underneath that. 22 A. That would have been the Ohio 23 Department of Alcohol and Drug Addiction 24 Services prior to them merging into a single 25 department.</p>
<p style="text-align: right;">Page 71</p> <p>1 was the finance chair for a while. He's not any 2 longer. But he's been fairly active. 3 Those three in my mind have been the 4 most active. 5 On the senate side, it would be 6 Senator Burke. 7 Q. This budget alert, is this another 8 e-mail that you sent to the executive directors 9 and possibly some staff as well? 10 A. It appears so, yes. 11 Q. On the first line, toward the 12 right-hand side you see Mr. Denihan again? 13 A. Yes, I do. 14 Q. Next to that there's 15 billh@admboard.org. Do you see that? 16 A. Um-hum. Bill Harper. 17 Q. Bill Harper. 18 And at the time he was the executive 19 director of Summit County, correct? 20 A. Correct. 21 Q. Over the years have you worked with 22 Mr. Denihan on any initiatives related to 23 opioids? 24 A. I believe he had a conference once 25 in Cuyahoga County that I presented at. He was</p>	<p style="text-align: right;">Page 73</p> <p>1 Q. And the first bullet point says, "In 2 the first year of the biennium (SFY 2010)." 3 Do you see that? 4 A. I do. 5 Q. And SFY means state fiscal year? 6 A. Correct. 7 Q. And then it goes on to say, "ODADAS 8 GRF was cut by \$4,646,084"? 9 A. Correct. 10 Q. ODADAS GRF, what does GRF stand for? 11 A. General revenue fund. 12 Q. And it then says, "4.2 million comes 13 out of the 401 treatment line item and \$404,571 14 comes out of the 404 prevention line item." 15 Do you see that? 16 A. I do. 17 Q. What's the 401 treatment line item? 18 A. These were when ODADAS was its own 19 state department. Those were direct funding 20 lines that went to the alcohol, drug addiction 21 and mental health boards, both of them. One was 22 prevention specific. The 401 was the more 23 general line. 24 Q. 401 was general and 404 was 25 prevention?</p>

<p style="text-align: right;">Page 74</p> <p>1 A. Yeah, more so. Yes.</p> <p>2 Q. So this is money that would have</p> <p>3 been distributed to local boards that was being</p> <p>4 proposed to be cut?</p> <p>5 A. Correct.</p> <p>6 Q. And then it notes that in fiscal</p> <p>7 year 2011 ODADAS would be cut \$2,992,629, with</p> <p>8 2.5 million out of the 401 line item and</p> <p>9 \$404,571 out of the 404 line item.</p> <p>10 Do you see that?</p> <p>11 A. I do.</p> <p>12 Q. So those would have been further</p> <p>13 cuts on top of fiscal year 2010?</p> <p>14 A. I can't say that because I don't</p> <p>15 know if those were individual cuts or</p> <p>16 accumulative. I don't remember.</p> <p>17 Q. Fair enough.</p> <p>18 And then on the next page there's a</p> <p>19 separate set of bullet points under "ODMH."</p> <p>20 Do you see that?</p> <p>21 A. I do.</p> <p>22 Q. And that is the Ohio Department of</p> <p>23 Mental Health?</p> <p>24 A. It is.</p> <p>25 Q. And you mentioned that they have</p>	<p style="text-align: right;">Page 76</p> <p>1 potential cuts that might affect the money that</p> <p>2 was going directly to them.</p> <p>3 Am I understanding that correctly?</p> <p>4 A. I sent it to alert them and I'm sure</p> <p>5 to ask for their advocacy.</p> <p>6 Q. And then I was going to point to --</p> <p>7 you go on to then urge them to call their</p> <p>8 legislators to push for certain amendments,</p> <p>9 correct?</p> <p>10 A. Correct.</p> <p>11 Q. And is this typical of one of the</p> <p>12 things you do as CEO of OACBHA, to alert members</p> <p>13 to propose changes of the budget and --</p> <p>14 A. Yes. It's one of the most important</p> <p>15 things we do. I mean, we are just now embarking</p> <p>16 upon this year's biennial budget, and as it was</p> <p>17 here, this was a brand-new governor, so this</p> <p>18 would have been when Governor Kasich took</p> <p>19 office, and so we now have a new governor taking</p> <p>20 office and so you tend to see a lot more change</p> <p>21 when new governors come in. But yes, that's one</p> <p>22 of my main jobs.</p> <p>23 Q. And the page with the Bates number</p> <p>24 ending in 855 --</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 75</p> <p>1 since merged into one department, correct?</p> <p>2 A. That's correct.</p> <p>3 Q. That's Ohio Mental Health and</p> <p>4 Addiction Services?</p> <p>5 A. That's correct.</p> <p>6 Q. Okay if I call that Ohio MHAS?</p> <p>7 A. Absolutely.</p> <p>8 Q. I will indulge in the acronyms a</p> <p>9 little bit after unpacking them.</p> <p>10 So at the time of this e-mail,</p> <p>11 alcohol and drug addiction services and mental</p> <p>12 health services were separate budget items for</p> <p>13 the state; is that correct?</p> <p>14 A. That's correct.</p> <p>15 Q. So if we wanted to look at funding</p> <p>16 for treatment related to opiate use disorder at</p> <p>17 the time, we would look at the ODADAS money?</p> <p>18 A. That's correct.</p> <p>19 Q. And at this time both ODADAS and</p> <p>20 ODMH, both addiction services and mental health</p> <p>21 were facing significant budget cuts; is that</p> <p>22 correct?</p> <p>23 A. That is correct.</p> <p>24 Q. So you sent this budget alert to the</p> <p>25 heads of local boards to alert them to these</p>	<p style="text-align: right;">Page 77</p> <p>1 Q. -- that references OACBHA working on</p> <p>2 putting testimony together for Jodi, Tony</p> <p>3 Pollard and you. That's in the first full</p> <p>4 paragraph.</p> <p>5 Do you see that?</p> <p>6 A. Yes.</p> <p>7 Q. Who is Jodi?</p> <p>8 A. It would have been Jodi</p> <p>9 Demo-Hodgins. She was the director of the</p> <p>10 Crawford-Marion Board. She has since retired.</p> <p>11 I'm assuming that's who that was, yes.</p> <p>12 Q. And who is Tony Pollard?</p> <p>13 A. Tony Pollard would have been the</p> <p>14 director of the ADAMH Lawrence-Scioto Board. He</p> <p>15 has been gone for several years now as well.</p> <p>16 Q. And I'm sorry. Did you say Sciota?</p> <p>17 A. ADAMH Lawrence-Scioto. It's a</p> <p>18 tri-county board.</p> <p>19 Q. Got it.</p> <p>20 And do you remember offering</p> <p>21 testimony on this particular budget?</p> <p>22 A. No. No, I do not. I mean, I'm sure</p> <p>23 I did, but I don't remember it. I give a lot of</p> <p>24 testimony.</p> <p>25 Q. Is it typical for you to provide</p>

<p style="text-align: right;">Page 78</p> <p>1 testimony about budget issues that would affect 2 local boards? 3 A. Every budget since I've been there 4 I've provided testimony on the budget. 5 Q. And is that written testimony, oral 6 testimony, both? 7 A. It could be either/or. 8 Q. About how many times have you 9 provided oral testimony to the house or the 10 senate over the years? 11 A. I honestly have no idea. I just 12 don't know. Many. I just don't know other than 13 that. 14 Q. Over 20? 15 A. In the whole time I've been there, 16 probably, yes, on many different topics, not 17 just the biennial budget. 18 Q. What other topics have you provided 19 testimony on in addition to the budget? 20 A. BH redesign I've provided testimony 21 on. There have been different bills that have 22 come up that I've provided testimony on. It 23 just depends what the issue is. There were 24 several bills that Representative Sprague had 25 that I provided testimony on. So just different</p>	<p style="text-align: right;">Page 80</p> <p>1 the ODADAS budget." 2 A. That sounds like me. 3 Q. Do you see that? 4 A. Uh-huh. 5 Q. So who constitutes the recovery 6 community? 7 A. Many different people. It could be 8 individuals in recovery, which is family 9 members. Some of the names on there are people 10 who run treatment programs. Eloise, Carolyn 11 Gibbons and Jenny O'Keefe at that point all were 12 directors of treatment programs. Donna Conley 13 at that time was the director of Ohio Citizens 14 Advocates, which is a group that represents 15 individuals in recovery. So it would have been 16 people in recovery. It would have been 17 individuals from treatment programs. It would 18 have been individuals that run treatment 19 programs. It would have been family members. 20 Just whomever we had worked with over the years. 21 Q. And what does raising ruckus entail 22 in this context? 23 A. I'm sure I was trying to gear them 24 up to send letters or make calls because of the 25 fact that we were getting cut, so we believed</p>
<p style="text-align: right;">Page 79</p> <p>1 bills. 2 Q. Do you recall providing testimony on 3 anything related to opioids? 4 A. Yes. 5 Q. What was that? 6 A. That's a good -- 7 Q. The substance of that? 8 A. It would have been when 9 Representative Sprague was putting in place some 10 language around the ability of boards to own 11 recovery housing. What I can't remember is if 12 it was testimony to the full house or whether it 13 was just in -- he held several what I would call 14 constituent meetings, stakeholder meetings, and 15 I don't remember which place I provided that, 16 but yes, specifically to that. 17 I also provided testimony for -- 18 there was a bill that was put up around 19 crushable prescription drugs. I don't remember 20 the bill, but I remember I provided testimony. 21 Q. Crushable opioids? 22 A. Yes. 23 Q. In the next paragraph you mention 24 that you -- that "We have also worked to gear up 25 the recovery community to raise a ruckus about</p>	<p style="text-align: right;">Page 81</p> <p>1 that a loud voice would help. 2 Q. And is it typical for you, as CEO of 3 OACBHA, to also engage the recovery community? 4 A. Absolutely, yes. 5 Q. Do you recall whether you were 6 successful in getting any amendments to this 7 proposed budget? 8 A. We got some changes made to this 9 budget, but what I don't remember is if it was 10 with the initial budget or if it came later, but 11 there were some changes to the budget because I 12 remember there was a sitdown with Greg Moody 13 about why our budget was cut and there were some 14 changes made. 15 Q. Some changes to provide additional 16 funds to boards? 17 A. Yes. 18 Q. So the next e-mail on the chain 19 comes from Elaine G-e-o-r-g-a-s. 20 A. Georgas. 21 Q. Georgas? 22 A. Yes. 23 Q. Thank you. 24 Who is she? 25 A. Elaine is the director of the</p>

<p style="text-align: right;">Page 82</p> <p>1 alcohol and drug addiction board of Lorain 2 County. 3 Q. And in the second paragraph of her 4 e-mail she notes that right -- and I'll quote 5 from her e-mail, "Right now heroin costs less 6 than a six pack of beer, not just in our urban 7 areas, everywhere." 8 Do you see that? 9 A. I do. 10 Q. So she is flagging a problem of low 11 cost heroin, correct? 12 A. It appears so, yes. 13 Q. At the time she sent this e-mail 14 back in 2009, were you aware that there was a 15 problem of low cost heroin being everywhere, as 16 she says here? 17 A. Yes. 18 Q. Was there an upsurge of heroin use 19 around that time? 20 A. Boy, in '09? Possibly. I mean, I 21 don't consciously know that I thought in '09 22 that heroin was the upsurge. 23 Q. Do you recall their being an upsurge 24 at some other point in time? 25 A. I mean, there had been. We seen an</p>	<p style="text-align: right;">Page 84</p> <p>1 A. I got to think about that. 2 When he was the director of 3 Fairfield County, I remember going to his board, 4 having some discussions with stakeholders. He 5 was working on trying to do something specific 6 to opiates. He was very into data and he had a 7 lot of data about the increase in his local jail 8 system specific to opiates. And I don't 9 remember exactly what we were working on, but I 10 remember being there. I was speaking with 11 different folks. So there was that. 12 I worked with him on different 13 things when he was the director of alcohol and 14 drug addiction services, whether it was budget, 15 whatever the case may be. I worked with him 16 there. I have worked with him since he moved on 17 to HIDTA. He's done several presentations at 18 our opiate conference. It's not abnormal for 19 Orman out of the blue to send me an updated set 20 of maps as to what is going on, those kind of 21 things. 22 Q. In his e-mail from June 1st, 2009 he 23 says, "Elaine is right about heroin. Opiates 24 are a blight on our state and heroin addiction 25 may be a bigger problem in rural and suburban</p>
<p style="text-align: right;">Page 83</p> <p>1 increase -- as pill mills were closed, we 2 certainly saw an increase in heroin, yes. 3 Q. The top e-mail in the chain is from 4 Orman Hall. 5 Do you see that? 6 A. Correct. I do. 7 Q. Who is Mr. Hall? 8 A. At the time he was the director of 9 the Fairfield County Board of Alcohol, Drug 10 Addiction and Mental Health Services. 11 Q. Does he currently hold that 12 position? 13 A. He does not. He currently works for 14 HIDTA, the high intensity drug trafficking, and 15 he works for Ohio University. 16 Q. And he also for a period of time led 17 GCOAT, the Governor's Cabinet Opiate Action 18 Team, correct? 19 A. He did. He was also the director of 20 the Department of Alcohol and Drug Addiction 21 Services prior to the merger. 22 Q. Over the years have you worked with 23 Mr. Hall in any opioid-related initiatives? 24 A. I have. 25 Q. What are those?</p>	<p style="text-align: right;">Page 85</p> <p>1 areas than in the big cities." 2 Did I read that correctly? 3 A. Yes. 4 Q. And did you agree at the time that 5 opiates were a blight on our state? 6 A. I did agree that opiates were a 7 problem, yes. 8 Q. And this e-mail, like the others, 9 went to a large group of people, correct? 10 A. Yes. It appears it was kind of a 11 respond to all to my initial e-mail. 12 Q. And Mr. Denihan appears in the 13 second line of the list of recipients. 14 Do you see that? 15 A. I do. 16 Q. And he's followed on the list by 17 Mr. Harper? 18 A. I see that. 19 Q. And Mr. Leffler is two lines up from 20 the bottom of the list. 21 Do you see that? 22 A. Yes, I do. 23 MS. McNAMARA: I don't know how long 24 we've been going. Do you want to take a few 25 minutes?</p>

<p style="text-align: right;">Page 86</p> <p>1 MS. KEARSE: Sure. We've been going 2 over an hour. 3 MS. SHAYNAK-DIAZ: Yes. 4 THE VIDEOGRAPHER: Off the record at 5 10:31. 6 (Recess had.) 7 THE VIDEOGRAPHER: We're on the 8 record, 10:48. 9 BY MS. McNAMARA: 10 Q. Welcome back. 11 - - - - - 12 (Thereupon, Walter Deposition 13 Exhibit 5, Multi-Page Document 14 Entitled "Opiate Pharmacotherapy 15 Whitepaper January 2007," was marked 16 for purposes of identification.) 17 - - - - - 18 Q. I'm going to hand you what I've 19 marked as Exhibit 5. I mentioned earlier off 20 the record a few of these documents didn't print 21 out with Bates numbers. This one was produced 22 by OACBHA. The Bates number is OACBHA-00004825, 23 and the title at the top is "Opiate 24 Pharmacotherapy White Paper January 2007." 25 So do you recognize this document?</p>	<p style="text-align: right;">Page 88</p> <p>1 says what it says, so I object to asking the 2 witness about a document she is not familiar 3 with. 4 MS. McNAMARA: Okay. Please object 5 to form. 6 MS. KEARSE: Well, you didn't ask a 7 question. 8 Q. Page 5 references at the bottom of 9 the page "The Current Opiate 'Problem.'" 10 Do you see that? 11 A. I do. 12 Q. And it indicates that there has been 13 a recent escalation of opiate-related admissions 14 to Ohio treatment programs. 15 Do you see that? 16 MS. KEARSE: Object to form. 17 A. I do. 18 Q. Do you recall that being the case in 19 2007? 20 A. No. I mean, I just -- I was not 21 that hands on into what treatment centers were 22 doing, so I -- I'm guessing this came out of one 23 of our committees. We had a committee, so -- an 24 alcohol and drug addiction committee. I'm 25 guessing this came out of that committee.</p>
<p style="text-align: right;">Page 87</p> <p>1 A. I do not. I am guessing. I 2 don't -- I'm guessing this came out of a 3 committee. I did not -- I don't believe I 4 produced this document because I don't remember 5 it. I'm sure -- if it has our logo on it, I 6 probably would have signed off on it. 7 Q. But you did not? 8 A. I do not believe I produced this 9 document, no, I do not. 10 Q. And you don't know who wrote it? 11 A. I don't. I'm trying like crazy to 12 remember where this came from. 13 Q. And the date on this is January 14 2007. 15 Do you see that? 16 A. I do. I just -- I don't remember. 17 Q. I want to -- I just want to take a 18 look at page 5 of this. 19 MS. KEARSE: Counsel, I'm going to 20 state an objection on this document. The 21 witness has testified she's not familiar with 22 this document nor is she familiar with this 23 document being in her files, so I would object 24 to any line of questioning going into specifics 25 of the document. The document is what it is, it</p>	<p style="text-align: right;">Page 89</p> <p>1 Again, I'm sure if I put our logo on, that it 2 would have been our committee. I just don't 3 remember it personally. 4 Q. So does OACBHA have standing 5 committees? 6 A. We do. 7 Q. What are those committees? 8 A. Today? 9 Q. Yes. 10 A. Our committees are we have an opioid 11 committee, we have a hospital committee, we have 12 a suicide committee, we have a governance 13 committee, we have a recovery-oriented system of 14 care implementation committee. 15 How many committees have I named? 16 MS. SHAYNAK-DIAZ: Five. 17 A. We have a culture of quality board. 18 It's called a board but it's a committee. 19 Opioids? I think I got them. 20 Q. And have there been any committees 21 in the past during your tenure at OACBHA that 22 have since been discontinued? 23 A. Correct. 24 And this particular paper I'm 25 guessing would have come -- we used to have two</p>

<p style="text-align: right;">Page 90</p> <p>1 divisions. We had a drug and alcohol division 2 and we had a mental health division. That was 3 prior -- that was the initial design of the 4 organization, that there would be two divisions. 5 Sometime after the two departments merged, it 6 was determined that we would not have two 7 divisions, we would act as just one association 8 with other standing committees. And we have had 9 other standing committees in the past. We had a 10 prevention committee that is no longer in 11 existence. We've had subcommittees. I mean, so 12 we've had several different committees over -- 13 oh, we also -- there's one more committee. I'm 14 sorry. We have an information management 15 committee. I don't know how I forgot that one. 16 And a fiscal committee. Now I got them all. 17 Q. So this white paper would have come 18 out of the drug and alcohol division that no 19 longer exists within the organization? 20 MS. KEARSE: Object to form. 21 A. I can't say that for sure, but that 22 would be -- 23 Q. You mentioned that there is 24 currently an opioid committee? 25 A. Correct.</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Who is the chair? 2 A. The chair of the committee is Brad 3 Camp. He is presently the director of the 4 Marion-Crawford Board. I've had a staff person 5 who has been sitting on that committee who just 6 left me, frankly, so it is one of the new 7 positions I have started. And I am often in 8 there, but not always. I have personal staff 9 sit. 10 Q. And who's the former staff member 11 who would attend? 12 A. Tony Coder, and also my Vista person 13 has been in there, Liz Rosenberg, and I was in 14 many of them but not all of them. 15 Q. So what has the opioid committee 16 done in the year to year and a half it's been in 17 existence? 18 A. Probably the biggest thing we 19 focused on last year for the first time ever, we 20 created something called the Week of 21 Appreciation, and the opiate committee really 22 led that, and the Week of Appreciation then tied 23 into our opiate conference. But the Week of 24 Appreciation was last April or -- April, May -- 25 I think it was in April. We decided we wanted</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. When was that started? 2 A. Year, year -- about a year and a 3 half ago. 4 Q. Whose idea was it to start that 5 committee? 6 A. We disbanded our committees on -- we 7 disbanded our divisions at the time, about a 8 year and a half ago, maybe two years ago, and it 9 was decided to have an opiate committee and a 10 suicide committee because they didn't want 11 things to drop through the cracks. 12 Q. How many members are on that 13 committee? 14 A. It's not a standing membership. 15 It's always open to all members and staff to 16 attend. And so it varies, depending upon the 17 topic of any given meeting. 18 Q. And does it have regular meetings? 19 A. Yes. And when I say "regular," it's 20 as called. Typically the opiate committee I 21 believe is meeting in person every other month. 22 Q. And is there a person who leads that 23 committee? 24 A. There is a chair of the committee, 25 correct.</p>	<p style="text-align: right;">Page 93</p> <p>1 to recognize first responders. So we had a 2 whole campaign. All of our boards got involved. 3 The state department gave us a small grant. We 4 got another small grant. So we got some money. 5 We recognized fire, police, sheriff, highway 6 patrol and emergency responders. We did some 7 awards that were given at the opiate conference, 8 but many of our boards did local events where 9 they also went into treatment providers, they 10 went into emergency rooms, they went into 11 firehouses, but it was really because we were 12 seeing burnout and secondary trauma and we 13 wanted to spend some time thanking people, and 14 the tagline was "Bringing help, bringing hope," 15 and we did a whole campaign around that. 16 Q. This is going to be Exhibit 6. This 17 is a document with the Bates number 18 OACBHA-00010305. 19 - - - - - 20 (Thereupon, Walter Deposition 21 Exhibit 6, Opiate Task Force Meeting 22 Notes, March 17, 2010, Beginning 23 Bates Number OACBHA-00010305, was 24 marked for purposes of 25 identification.)</p>

<p style="text-align: right;">Page 94</p> <p>1 - - - - -</p> <p>2 Q. Do you recognize this document?</p> <p>3 A. I don't.</p> <p>4 Q. The document, at the top it says,</p> <p>5 "Meeting Notes March 17th, 2010."</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. And there's a list of attendees</p> <p>9 underneath it -- I'm sorry. And it's meeting</p> <p>10 notes from an opiate task force.</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. And on the list of attendees from</p> <p>14 OACBHA there is you and Liz Henrich.</p> <p>15 Do you see that?</p> <p>16 A. I see that.</p> <p>17 Q. And there are also attendees listed</p> <p>18 from the governor's office of faith-based and</p> <p>19 community initiatives from ODADAS, from the</p> <p>20 Office of the Attorney General, and from OSU.</p> <p>21 Do you see that?</p> <p>22 A. I do.</p> <p>23 Q. Do you recall attending this</p> <p>24 meeting?</p> <p>25 A. I don't.</p>	<p style="text-align: right;">Page 96</p> <p>1 in participating in the community task forces by</p> <p>2 providing additional support to the ten</p> <p>3 communities that have been identified."</p> <p>4 Do you see that?</p> <p>5 A. I do.</p> <p>6 Q. And do you recall ten community task</p> <p>7 forces being developed or launched around this</p> <p>8 time?</p> <p>9 A. Specifically, no. This appears to</p> <p>10 be a state initiative that I'm guessing I was</p> <p>11 brought in to be informed about since they're</p> <p>12 meeting with our boards. But I was not</p> <p>13 personally involved in this process that I</p> <p>14 remember.</p> <p>15 - - - - -</p> <p>16 (Thereupon, Walter Deposition</p> <p>17 Exhibit 7, Multi-Page Document</p> <p>18 Entitled "Community Opiate Task</p> <p>19 Force Development," Beginning Bates</p> <p>20 Number OACBHA-00020567, was marked</p> <p>21 for purposes of identification.)</p> <p>22 - - - - -</p> <p>23 Q. This is a document with the Bates</p> <p>24 number OACBHA-00020567.</p> <p>25 A. I'm trying to determine if this was</p>
<p style="text-align: right;">Page 95</p> <p>1 Q. Any reason to believe that you</p> <p>2 didn't?</p> <p>3 A. No. My name is on there. I most</p> <p>4 likely did.</p> <p>5 Q. Do you recall participating in an</p> <p>6 opiate task force around 2010?</p> <p>7 A. I don't know that I was -- I was not</p> <p>8 a regular member of this task force. I may have</p> <p>9 attended this particular meeting -- it looks</p> <p>10 like these were local task forces. I don't</p> <p>11 remember -- I mean, I was not -- this looks like</p> <p>12 this was the governor's opiate task force</p> <p>13 meeting based on who was in attendance, but I</p> <p>14 don't know, but that would be my guess, but --</p> <p>15 Q. So the second paragraph of the</p> <p>16 document under --</p> <p>17 MS. KEARSE: I want to state my</p> <p>18 objection on asking questions about a document</p> <p>19 she's not familiar with and hasn't seen.</p> <p>20 Q. The second paragraph under</p> <p>21 "GOFCBI" -- and that acronym is the Governor's</p> <p>22 Office of Faith Based and Community Initiatives,</p> <p>23 correct?</p> <p>24 A. Got it. Yeah.</p> <p>25 Q. It says, "The GOFCBI is interested</p>	<p style="text-align: right;">Page 97</p> <p>1 the Don't Get Me Started campaign.</p> <p>2 Q. So this document has a title at the</p> <p>3 top "Community Opiate Task Force Development."</p> <p>4 Do you see that?</p> <p>5 A. I do.</p> <p>6 Q. Do you recognize this document?</p> <p>7 A. I don't recognize the document. I</p> <p>8 remember we did some of this work, but I don't,</p> <p>9 off the top of my head, recognize the document.</p> <p>10 Q. And --</p> <p>11 MS. KEARSE: Again, just for the</p> <p>12 record, I'll have an objection to asking</p> <p>13 questions of documents she hasn't seen.</p> <p>14 Q. The first sentence of the document</p> <p>15 says, "The Ohio Association of County Behavioral</p> <p>16 Health Authorities will work with the Ohio</p> <p>17 Department of Alcohol and Drug Addiction</p> <p>18 Services to help ten alcohol, drug addiction and</p> <p>19 mental health boards, ADMH boards, coordinate</p> <p>20 the development of local opiate task forces in</p> <p>21 ten areas in Ohio currently battling the opiate</p> <p>22 epidemic."</p> <p>23 Do you see that?</p> <p>24 A. I do.</p> <p>25 Q. And do you recall OACBHA working</p>

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 with ODADAS to coordinate development of those 2 ten task forces? 3 A. I'm going to honestly say I don't 4 know if this is a grant proposal that was funded 5 or not. It appears to be a grant proposal. You 6 know, I've done so much work with opiates over 7 the years, I can't honestly say this specific 8 issue. I don't remember this. I'm just -- I'm 9 trying like crazy to remember this because we've 10 had several grants over the years, and I had one 11 called "Don't Get Me Started," and I just don't 12 know if that is this or not. I'm honestly 13 giving you my best answer. 14 Q. No problem. 15 The second page references an OACBHA 16 Learning Collaborative. 17 Do you see that? 18 A. I do. 19 Q. Do you know what that is? 20 A. I know what a learning collaborative 21 is, yes. 22 Q. What's the OACBHA learning 23 collaborative? 24 A. Again, I don't remember this 25 specific learning collaborative. And, again,</p>	<p style="text-align: right;">Page 100</p> <p>1 A. In 2010 we -- okay. Here's what I 2 would remember, whether it was task forces or 3 otherwise. We would have been involved with 4 opiates. Orman would have been the director of 5 ODADAS. So it was a primary issue, we were 6 dealing with it. Probably the first year of our 7 opiate conference -- and we did have a year we 8 had an opiate conference where we focused on 9 task forces. Again, I can't honestly say it was 10 2010, and I just -- we had a grant and it was a 11 Don't Get Me Started grant during that period of 12 time. I didn't specifically remember that being 13 about task forces, though. I remember it being 14 more about an opiate campaign. So that's -- 15 that's what's confusing me here a little bit. 16 Q. No problem. And I will -- I will 17 show you a document about that campaign later 18 on, but that's your best recollection about the 19 task forces, correct? 20 A. Yeah. Yeah. 21 Q. So OACBHA has held a number of 22 different opiate conferences or summits over the 23 years? 24 A. We have, correct. 25 Q. And has that been an annual event</p>
<p style="text-align: right;">Page 99</p> <p>1 we've had many of them over the years to address 2 drugs and alcohol and mental health. 3 Q. So setting aside the document, do 4 you recall there being a learning collaborative 5 related to opioids? 6 A. Well, we had the prevention -- or 7 not the prevention, the addiction -- the drug 8 addiction committee -- I don't remember these 9 boards coming together at least under me on a 10 regular basis to have a learning collaborative. 11 2010? Maybe I should, but I just -- I don't 12 remember this. 13 Q. Did you have a staff member at the 14 time who might have been working on this? 15 A. Well, it appears that if this is 16 related to this, that Liz would have been with 17 me, but again, if we had had something like 18 this, I would have known. It's just not ringing 19 a bell. 20 Q. So the two documents I showed you 21 were related to the 2010 time frame. 22 Do you recall -- 23 MS. KEARSE: Object to form. 24 Q. -- OACBHA being involved with any 25 opiate task forces during that time frame?</p>	<p style="text-align: right;">Page 101</p> <p>1 over the past number of years? 2 A. Yes. We are about to have our tenth 3 one. The first couple may have been closer than 4 just annual because we had kind of a smaller 5 one, then a bigger one. It was all during that 6 time period. But yes, we are about to have our 7 tenth one, and those are annual now. 8 - - - - - 9 (Thereupon, Walter Deposition 10 Exhibit 8, Multi-Page Document 11 Entitled "Ohio's Opiate Epidemic: 12 Responding With Prevention & 13 Treatment," Beginning Bates Number 14 OACBHA-00020498, was marked for 15 purposes of identification.) 16 - - - - - 17 Q. This is going to be Exhibit 8. 18 Exhibit 8 is the Bates number OHCBA-00020498. 19 A. Okay. 20 Q. Do you recognize this document? 21 A. I've seen the document. 22 Q. And the document is titled "Ohio's 23 Opiate Epidemic: Responding with Prevention and 24 Treatment," correct? 25 A. Um-hum.</p>

<p style="text-align: right;">Page 102</p> <p>1 Q. And is this a document that was 2 published by OACBHA? 3 A. I believe it was, yes. 4 Q. And do you know -- do you know who 5 actually wrote this document? 6 A. I'm guessing it was a combination of 7 folks. If I had to guess who the lead person 8 was, my best writer was Henrich, so I'm guessing 9 it was her, but again, I'm guessing that our 10 committee -- and it appears there was a planning 11 committee for the opiate conference, so I'm 12 guessing they all fed in because there's a lot 13 of stats here we wouldn't have had unless 14 someone gave them to us. So that is my guess. 15 Q. And this is the planning committee 16 for an opiate conference in 2011, correct -- 17 MS. KEARSE: Object to form. 18 Q. -- looking at page 501? 19 A. It appears to be, yes. 20 Q. If you turn to the second page of 21 the document ending in 499, under "Background" 22 it says the opiate -- strike that. "The 23 epidemic and other opiate addiction and 24 resulting overdose deaths in Ohio has made 25 headlines but improvements are slow in coming."</p>	<p style="text-align: right;">Page 104</p> <p>1 quoting about halfway through the paragraph, 2 "Those recommendations were released on October 3 1st, 2010 into a black hole created by 2012-13 4 budget deficit of roughly 8 billion dollars and 5 a struggling alcohol and other drug treatment 6 system racked by previous budget cuts." 7 Do you see that? 8 A. I do. 9 Q. And is that an accurate statement 10 based on your recollection of 2011? 11 A. At that time that would have been an 12 accurate statement that we had received several 13 budget cuts, yes. 14 Q. And "released on October 1st, 2010 15 into a black hole," do you have an understanding 16 of what that metaphor means? 17 MS. KEARSE: Object to form. 18 A. I don't. I didn't write that, so 19 no. 20 Q. Do you recall any recommendations by 21 the task force or initiatives related to opioids 22 being put into effect in October 2010? 23 A. Off the top of my head, I do not. 24 Q. And it's fair to say that at that 25 time, as of 2010, the state was facing a pretty</p>
<p style="text-align: right;">Page 103</p> <p>1 Did I read that correctly? 2 A. Um-hum. Yes. 3 Q. And do you agree that that's an 4 accurate statement about -- or as of 2011? 5 A. Yes. I mean, this would have been 6 probably right after the budget if this was in 7 '10, so yes. 8 Q. Right after the biennial budget 9 would have been passed? 10 A. Yeah. 11 Q. And it goes on to reference an Ohio 12 Prescription Drug Abuse Task Force appointed by 13 Governor Strickland. 14 Do you see that? 15 A. I do. 16 Q. And it indicates that that task 17 force released recommendations on October 1st, 18 2010. 19 Do you see that? 20 A. I do. 21 Q. And do you recall that task force 22 sitting here today? 23 A. I was not on that task force, so, I 24 mean, I recognize there were task forces, yes. 25 Q. And the document says, and I'm</p>	<p style="text-align: right;">Page 105</p> <p>1 severe budget crisis, right? 2 MS. KEARSE: Object to form. 3 A. Yes. 4 Q. And that was -- and do you recall 5 the factors that caused that budget crisis? 6 A. The recession of 2008. I mean, one 7 governor took over from the other governor and 8 there was a lot of talk. I certainly personally 9 don't know why we had the budget hole we did. 10 Q. And as we kind of talked about 11 before, there had been previous cuts to the 12 alcohol and drug addiction funding? 13 A. That's correct. 14 Q. And those budget cuts, did you 15 understand them to be related to the 8 billion 16 dollar budget deficit? 17 A. That was the reference given. I 18 don't really know why, but yes, there were 19 budget cuts during that period of time. 20 Q. That was the explanation you were 21 given? 22 A. That was the explanation everybody 23 was given for why there was a tight budget, so 24 -- and it was not just us. 25 Q. And at that time, that 8 billion</p>

<p style="text-align: right;">Page 106</p> <p>1 dollar budget deficit that the state had --</p> <p>2 strike that.</p> <p>3 In the next paragraph of the</p> <p>4 document it says, "Ohio now recognizes that</p> <p>5 lives are being lost and budgets are being</p> <p>6 decimated by heroin and other opiate abuse,</p> <p>7 related criminality and societal costs."</p> <p>8 Do you see that?</p> <p>9 A. I'm sorry. Where are you at?</p> <p>10 Q. Oh, I'm sorry. In the second</p> <p>11 paragraph of "Background."</p> <p>12 A. Yes, I see that.</p> <p>13 Q. And is that an accurate statement as</p> <p>14 of 2011?</p> <p>15 A. Yeah, I would say that was.</p> <p>16 Q. And Ohio, that means counties and</p> <p>17 cities across the state, correct?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. That would be my understanding, yes.</p> <p>20 Q. Was that your experience at the</p> <p>21 time?</p> <p>22 A. Yes.</p> <p>23 Q. And so the epidemic of heroin and</p> <p>24 opiate addiction, in your experience that was</p> <p>25 not just limited to one or two counties, it was</p>	<p style="text-align: right;">Page 108</p> <p>1 not a lot of other options for treating opiate</p> <p>2 addiction residentially.</p> <p>3 Q. And do you recall the reasons why</p> <p>4 medication-assisted therapy was just becoming</p> <p>5 the norm at that time?</p> <p>6 A. Do I recall the reason why it was</p> <p>7 just becoming the norm? I think across the</p> <p>8 country it was just becoming the norm. I mean,</p> <p>9 there were new drugs coming on the market.</p> <p>10 There were doctors needing to be trained. I</p> <p>11 think at that point SAMHSA maybe was doing the</p> <p>12 Data 2000. I mean, so there was just more going</p> <p>13 on in general around the whole issue. And Ohio</p> <p>14 was taking a stronger look at the issue and</p> <p>15 trying to do more. Governor Kasich came in with</p> <p>16 a different approach to dealing with the opiates</p> <p>17 than the previous governor had had.</p> <p>18 Q. And the -- and Ohio is taking a</p> <p>19 stronger interest in this because there were</p> <p>20 more people seeking treatment for opiate use</p> <p>21 disorder at the time; is that correct?</p> <p>22 MS. SHAYNAK-DIAZ: Object to form.</p> <p>23 A. Yes. I mean, I think that and you</p> <p>24 had a governor who was making it a bigger issue.</p> <p>25 Q. And the document references a March</p>
<p style="text-align: right;">Page 107</p> <p>1 something affecting the entire state?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. That's correct.</p> <p>4 Q. So if you flip over to page 500, in</p> <p>5 the first full paragraph there it says, "To help</p> <p>6 move Ohio forward in addressing the OPDATF</p> <p>7 recommendations and the widely perceived</p> <p>8 deficits in treatment modalities for opiate</p> <p>9 addiction, we are planning a second conference,</p> <p>10 a part 2 to the March 2010 conference,</p> <p>11 "Medication-Assisted Treatment: Putting the</p> <p>12 Brakes on the Opiate Epidemic."</p> <p>13 Did I read that correctly?</p> <p>14 A. You did.</p> <p>15 Q. So do you have an understanding of</p> <p>16 what the reference to "widely perceived deficits</p> <p>17 in treatment modalities for opiate addiction"</p> <p>18 means?</p> <p>19 A. Well, yes. I think at this time</p> <p>20 medication-assisted treatment was just becoming</p> <p>21 the norm. We didn't have enough trained doctors</p> <p>22 across the state of Ohio. We didn't have enough</p> <p>23 treatment facilities that were using</p> <p>24 medication-assisted treatment. So I believe</p> <p>25 that's what that references to, and there were</p>	<p style="text-align: right;">Page 109</p> <p>1 2010 conference on medication-assisted</p> <p>2 treatment, putting the brakes on the opiate</p> <p>3 epidemic.</p> <p>4 Do you see that?</p> <p>5 A. I do.</p> <p>6 Q. Do you recall that conference?</p> <p>7 A. Vaguely.</p> <p>8 Q. Was that a conference that OACBHA</p> <p>9 put on?</p> <p>10 A. I believe it was the first</p> <p>11 conference that we put on. It references it</p> <p>12 being smaller, which our first one was, so I</p> <p>13 believe it was our first, yes.</p> <p>14 Q. Did you personally have a role in</p> <p>15 putting on that conference?</p> <p>16 A. Well, yes. In that I'm the CEO, I</p> <p>17 would have had a conference planning committee</p> <p>18 and staff member who kind of led this</p> <p>19 conference, but sure, I would have been</p> <p>20 involved, absolutely.</p> <p>21 Q. And who would the staff member have</p> <p>22 been?</p> <p>23 A. I'm guessing it would have been Liz</p> <p>24 Henrich.</p> <p>25 Q. Whose idea was it to have that</p>

<p style="text-align: right;">Page 110</p> <p>1 conference in 2010?</p> <p>2 A. It was a combination of things, if I</p> <p>3 remember correctly. We had several directors</p> <p>4 that were working on our -- it would have been</p> <p>5 the drug addiction division, and there were</p> <p>6 different directors that were working locally</p> <p>7 and it would have come up through that. And I'm</p> <p>8 sure we jumped on it because we liked to do</p> <p>9 conferences. So I'm guessing that that's where</p> <p>10 that would have come from.</p> <p>11 Q. Do you happen to recall any of the</p> <p>12 speakers or presenters from that?</p> <p>13 A. Oh, gosh. No.</p> <p>14 Q. It was nine years ago.</p> <p>15 A. Sorry. We've had a lot of them.</p> <p>16 Q. At the bottom of the page in the</p> <p>17 last full paragraph there's a sentence that</p> <p>18 says, "To have the greatest impact, education on</p> <p>19 opiate issues and treatment must reach our legal</p> <p>20 system since that system controls much of the</p> <p>21 funding available."</p> <p>22 Do you see that?</p> <p>23 A. I'm not sure which paragraph. Are</p> <p>24 you on 500 still?</p> <p>25 Q. 500, the last full paragraph.</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. And the conference being planned is</p> <p>2 to be held on April 12, 2011 in Columbus.</p> <p>3 Do you see that?</p> <p>4 A. I do.</p> <p>5 Q. Do you know who selected this list</p> <p>6 of people to be invited to the planning advisory</p> <p>7 committee?</p> <p>8 A. I'm sure I had something to do with</p> <p>9 it. I'm guessing members of our committee,</p> <p>10 which would have probably been John maybe and</p> <p>11 Orman, seeing how they're from -- but I'm sure</p> <p>12 we would have had many recommendations also</p> <p>13 based on the fact of who attended our last</p> <p>14 conference. And just by looking at these names,</p> <p>15 many of them were just because they're partners</p> <p>16 that we work with on a regular basis. I mean, I</p> <p>17 look at Charleta and Ann and Janet. Those are</p> <p>18 all associations that we work with on a regular</p> <p>19 basis, which is why they would have been on</p> <p>20 there. The folks from Ohio State University my</p> <p>21 guess is presented at our first one. The people</p> <p>22 on the front page are our members. And then you</p> <p>23 again got the council, Behavioral Health and</p> <p>24 Family Services. I mean, these are all naturals</p> <p>25 that would have been on a planning committee of</p>
<p style="text-align: right;">Page 111</p> <p>1 A. Got it, "Another area of expansion."</p> <p>2 Yes.</p> <p>3 Q. And the last sentence about, "To</p> <p>4 have the greatest impact, education on opiate</p> <p>5 issues and treatment must reach our legal system</p> <p>6 since that system controls much of the funding</p> <p>7 available" --</p> <p>8 A. Correct.</p> <p>9 Q. -- do you have an understanding of</p> <p>10 what that means?</p> <p>11 A. We had drug courts at the time, and</p> <p>12 drug courts were getting folks involved into</p> <p>13 treatment. I'm not quite sure what they're</p> <p>14 controlling the funding available other than the</p> <p>15 thinking that it was through the drug courts</p> <p>16 there were more funds. I'm not sure why that</p> <p>17 statement would have been made.</p> <p>18 Q. If you flip over to the next page of</p> <p>19 the document that ends in 501 and onto 502 --</p> <p>20 A. Um-hum.</p> <p>21 Q. -- there is a list of people who</p> <p>22 were invited to be on a conference planning</p> <p>23 advisory committee.</p> <p>24 Do you see that?</p> <p>25 A. I do.</p>	<p style="text-align: right;">Page 113</p> <p>1 this sort.</p> <p>2 Q. And in terms of the agencies that</p> <p>3 you referenced as working with regularly, that</p> <p>4 was Charleta Tavares at the Multiethnic</p> <p>5 Advocates for Cultural Competence?</p> <p>6 A. All of these would have been part</p> <p>7 of -- yes, like the Coalition for Healthy</p> <p>8 Communities, which is a group of folks that work</p> <p>9 regularly. I mean, there's nobody on here that</p> <p>10 I don't know that we haven't worked with at some</p> <p>11 point in time or another, yes.</p> <p>12 Q. So have you worked with the -- going</p> <p>13 back to Ms. Tavares, have you worked with the</p> <p>14 Multiethnic Advocates for Cultural Competence on</p> <p>15 anything related to opioids that you can recall?</p> <p>16 A. We -- no. I'm guessing some of my</p> <p>17 staff may have, but I don't know that we've done</p> <p>18 a lot of work with MACC.</p> <p>19 Q. What about the Ohio Association of</p> <p>20 Family Practitioners?</p> <p>21 A. Ann Spicer, only in the sense that</p> <p>22 as part of the opiate conference, we would have</p> <p>23 invited her, but I haven't had a lot of outside</p> <p>24 working with Ann. But she's also part of the</p> <p>25 Coalition for Healthy Communities. It's a</p>

<p style="text-align: right;">Page 114</p> <p>1 coalition that meets monthly of many of these</p> <p>2 same players, not all of them but many of them.</p> <p>3 Charleta would have been on it. Ann would have</p> <p>4 been on it. Janet would have been on it.</p> <p>5 Michael would have been on it. Pat would have</p> <p>6 been on it. Those are the people that would</p> <p>7 have been on the Coalition for Healthy</p> <p>8 Communities, which is how I would have worked</p> <p>9 with them in other ways.</p> <p>10 Q. And the Coalition for Healthy</p> <p>11 Communities, is that a separate organization</p> <p>12 from OACBHA?</p> <p>13 A. It's not an organization. It is a</p> <p>14 coalition of people like me that come together.</p> <p>15 Q. So a coalition of heads of</p> <p>16 organizations?</p> <p>17 A. Exactly, that meets monthly, but</p> <p>18 it's not -- I don't think it's incorporated in</p> <p>19 its own -- it, you know --</p> <p>20 Q. And has the Coalition for Healthy</p> <p>21 Communities been involved in any opiate-related</p> <p>22 initiatives?</p> <p>23 A. Not specific just focused on</p> <p>24 opiates. We've done budget advocacy, those kind</p> <p>25 of things, all of us together, and there may</p>	<p style="text-align: right;">Page 116</p> <p>1 (indicating).</p> <p>2 Q. This one is going to be 9.</p> <p>3 - - - - -</p> <p>4 (Thereupon, Walter Deposition</p> <p>5 Exhibit 9, Multi-Page Document</p> <p>6 Entitled "Ohio's Opiate Epidemic: A</p> <p>7 Summit on Policy, Prevention &</p> <p>8 Treatment," Beginning Bates Number</p> <p>9 CUYAH_015850477, was marked for</p> <p>10 purposes of identification.)</p> <p>11 - - - - -</p> <p>12 A. Well, that looks like ours.</p> <p>13 Q. Exhibit 9 is Bates labeled</p> <p>14 CUYAH_015850477.</p> <p>15 Do you recognize this document?</p> <p>16 A. I do.</p> <p>17 Q. What is it?</p> <p>18 A. It appears to be one of our opiate</p> <p>19 conference packets.</p> <p>20 Q. And this particular packet</p> <p>21 references a conference on April 5th, 2011; is</p> <p>22 that correct?</p> <p>23 A. Correct.</p> <p>24 Q. And the title of the conference was</p> <p>25 "Ohio's Opiate Epidemic, a Summit on Policy,</p>
<p style="text-align: right;">Page 115</p> <p>1 have been an opiate issue, but as a whole it has</p> <p>2 not specifically led any opiate initiatives, no.</p> <p>3 Q. Number two, the first person on the</p> <p>4 list of the conference planning advisory</p> <p>5 committee invitees is Dr. Christina Delos Reyes</p> <p>6 from the ADAMHS Board of Cuyahoga County?</p> <p>7 A. Correct.</p> <p>8 Q. Do you know Dr. Delos Reyes?</p> <p>9 A. I do.</p> <p>10 Q. And in what context do you know her?</p> <p>11 A. Basically from -- she presented at</p> <p>12 several of our opiate conferences. She</p> <p>13 presented on medication-assisted treatment. She</p> <p>14 would do Data 2000 training for us. So I'm sure</p> <p>15 I've run into her in other places, but</p> <p>16 specifically she has done that for us and done</p> <p>17 that work.</p> <p>18 Q. Up next to "Goals" on the same page,</p> <p>19 501, it references a conference steering</p> <p>20 committee.</p> <p>21 Do you see that?</p> <p>22 A. Yes. That would have been with</p> <p>23 these below.</p> <p>24 Q. Is it the same list of people?</p> <p>25 A. Yeah. I believe that's this</p>	<p style="text-align: right;">Page 117</p> <p>1 Prevention and Treatment," correct?</p> <p>2 A. Correct.</p> <p>3 Q. And is Exhibit 9 a document that was</p> <p>4 created by OACBHA?</p> <p>5 A. It was.</p> <p>6 Q. Who at OACBHA created the document?</p> <p>7 A. Liz Henrich. I can tell you exactly</p> <p>8 who created this. This was definitely Liz. All</p> <p>9 the opiate conference documents were Liz.</p> <p>10 Q. So she would have been the one who</p> <p>11 put together the agendas for these each year?</p> <p>12 A. Yes. I mean, in consultation with</p> <p>13 other folks, but she -- she is our lead person</p> <p>14 on opiate conferences, yes, has been all along.</p> <p>15 Q. So the topic of this summit after</p> <p>16 opiate epidemic was a summit on policy,</p> <p>17 prevention and treatment, correct?</p> <p>18 A. Correct.</p> <p>19 Q. Who was responsible for choosing</p> <p>20 that particular topic for this conference?</p> <p>21 A. Us and the committee.</p> <p>22 Q. The committee being a planning</p> <p>23 advisory committee?</p> <p>24 A. The planning committee, correct.</p> <p>25 Q. And what was OACBHA's role in</p>

<p style="text-align: right;">Page 118</p> <p>1 putting on this conference?</p> <p>2 A. It was us. I mean, we did it. We</p> <p>3 hosted. We would go out and find funding. We'd</p> <p>4 put together the agendas. We put out a call for</p> <p>5 papers, or in this case I think we just went to</p> <p>6 individuals and asked them to present. We file</p> <p>7 for the CEUs. We put all the documents</p> <p>8 together. We make all the copies for the</p> <p>9 conference. I have a whole other staff person</p> <p>10 that's responsible for the facilities, the food,</p> <p>11 all of that. I mean, we do this. This is our</p> <p>12 conference.</p> <p>13 Q. Is there any other organization who</p> <p>14 helped you put on the conference?</p> <p>15 A. Financially, possibly, but putting</p> <p>16 it on other than we do get -- because it is now</p> <p>17 so large at 1,200 people, we get other people</p> <p>18 who volunteer to help us staff the date of, but</p> <p>19 no, lock, stock and barrel, this is pretty much</p> <p>20 us that does this.</p> <p>21 Q. And what would you say the purpose</p> <p>22 of this conference was, this particular one in</p> <p>23 2011?</p> <p>24 A. Education. This was our second one.</p> <p>25 I do remember this. We -- initially -- and this</p>	<p style="text-align: right;">Page 120</p> <p>1 boards, who send it out to all of their</p> <p>2 providers. We send it to the provider</p> <p>3 organization. All of those people that were on</p> <p>4 that steering committee, I'm sure we would have</p> <p>5 asked them, when it was time to register, to</p> <p>6 send it out as well.</p> <p>7 Q. And when you say send it out through</p> <p>8 partners, who are the partners you're referring</p> <p>9 to?</p> <p>10 A. For the most part, the people that</p> <p>11 were on that steering committee. There may have</p> <p>12 been another partner here that are asked, like</p> <p>13 oftentimes I ask the county commissioners to</p> <p>14 send some out, things like that, just whomever I</p> <p>15 thought could get it out to people that might</p> <p>16 have been appropriate to attend.</p> <p>17 Q. So as the CEO of OACBHA, which was</p> <p>18 putting on this conference, was it your</p> <p>19 understanding that Ohio was, in fact, suffering</p> <p>20 from an opiate epidemic in 2011?</p> <p>21 MS. KEARSE: Object to the form.</p> <p>22 A. Yes.</p> <p>23 Q. And that the opiate epidemic was not</p> <p>24 limited at that time -- strike that.</p> <p>25 And that the opiate epidemic was not</p>
<p style="text-align: right;">Page 119</p> <p>1 would have been -- was this a two-dayer? You</p> <p>2 know, the topic it appears on this one was</p> <p>3 particularly making sure that we were working</p> <p>4 with law enforcement. So, I mean, it was</p> <p>5 educational. It was to help people deal locally</p> <p>6 with the epidemic.</p> <p>7 Q. And what were the types of people</p> <p>8 who attended this conference?</p> <p>9 A. This particular one, geez, I can't</p> <p>10 say exactly. I mean, by looking at -- based on</p> <p>11 the topic, I would guess that we had some law</p> <p>12 enforcement folks. I'm sure that we would have</p> <p>13 had treatment providers, we would have had board</p> <p>14 folks. We may have had some legislators. We</p> <p>15 obviously had a couple presenting. So it would</p> <p>16 have been a wide variety of folks that are</p> <p>17 working in the opiate space.</p> <p>18 Q. Did OACBHA advertise the conference?</p> <p>19 A. I'm sure we did, yes.</p> <p>20 Q. How did you do that?</p> <p>21 A. We would have done it through our</p> <p>22 newsletter. We would have sent it out through</p> <p>23 our partners. We don't, like, put it in a</p> <p>24 newspaper or anything like that, but we send it</p> <p>25 out through our partners. We send it out to our</p>	<p style="text-align: right;">Page 121</p> <p>1 limited to particular counties or areas of the</p> <p>2 state?</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. It may not have been in each of the</p> <p>5 88 counties, but it certainly wasn't limited to</p> <p>6 one area. It was across the state.</p> <p>7 Q. What's the basis of that</p> <p>8 understanding?</p> <p>9 A. Working with my directors and</p> <p>10 reading, talking to people. I mean, this is my</p> <p>11 profession.</p> <p>12 Q. We talked earlier about the OACBHA</p> <p>13 membership meetings.</p> <p>14 A. Um-hum.</p> <p>15 Q. Was the opiate epidemic a topic of</p> <p>16 discussion at those meetings around this time in</p> <p>17 2011?</p> <p>18 A. I can only guess that it was. I</p> <p>19 mean, I don't remember off the top of my head</p> <p>20 each meeting, but we would have talked about the</p> <p>21 upcoming conference. We may well have had --</p> <p>22 talked about who they thought should present.</p> <p>23 So yes, I would believe. And plus with the</p> <p>24 budget, yeah.</p> <p>25 Q. So the conference would have been</p>

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1 discussed at the membership meeting?

2 A. We always announce what we're doing,

3 when it is, all of that, yes. We put save the

4 dates in their packets, absolutely.

5 Q. And separate and apart from the

6 conference, was the opiate epidemic a frequent

7 topic of discussion at the meetings?

8 MS. KEARSE: Object to form.

9 A. At this point in time -- I'm not

10 going to say it didn't come up. I'm sure it did

11 at some point. But when we had the mental

12 health and the division, the alcohol and drug

13 division, I would say the intense focus would

14 have been more in the division meetings versus

15 the membership meetings, but I'm sure it came

16 up.

17 Q. And the relevant division would have

18 been the alcohol and drug --

19 A. Correct.

20 Q. So people who attended the

21 membership meetings would have been aware that

22 OACBHA was putting on a conference about the

23 opiate epidemic in Ohio?

24 A. Oh, absolutely.

25 MS. KEARSE: Object to form.

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1 Q. And people who attended the alcohol

2 and drug addiction meetings would have been --

3 would have also heard discussions about the

4 opiate epidemic separate and apart from the

5 conference?

6 A. Most likely, yes.

7 MS. KEARSE: Object to form.

8 Q. And was it your understanding that

9 abuse of prescription opioids contributed to the

10 epidemic that was going on in 2011?

11 A. Yes.

12 Q. As well as abuse of illicit opioids

13 like heroin?

14 A. Yes.

15 Q. Who chose -- strike that.

16 So I take it OACBHA chose the name

17 of the summit, "Ohio's Opiate Epidemic"?

18 A. I'm guessing we came up with that

19 name.

20 Q. And if you flip ahead to the agenda

21 for the summit --

22 A. Yes.

23 Q. So you gave the welcome address,

24 correct?

25 A. Apparently I did, yes.

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1 Q. And you were followed by Governor

2 Kasich?

3 A. Correct.

4 Q. Who spoke about Ohio's opiate

5 epidemic, correct?

6 A. Correct.

7 Q. And then there were two other

8 representatives, Representative Johnson and

9 Representative Burke, who also spoke on the

10 opiate epidemic?

11 A. Correct.

12 Q. And the topic of their speech was

13 "Ohio's Opiate Epidemic - Addressing the

14 Problem," correct?

15 A. Um-hum.

16 Q. And then Mr. Hall, who was director

17 of ODADAS at the time, gave a presentation

18 called "Ohio's Opiate Epidemic - the Facts,"

19 correct?

20 A. Correct.

21 Q. And then after a break -- I'm going

22 to butcher this poor man's name, but

23 Dr. Wymyslo --

24 A. Wymyslo.

25 Q. Not too bad -- who was director of

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1 the Department of Health, gave a presentation on

2 "Ohio's Opiate Epidemic - A Public Health

3 Perspective," correct?

4 A. I'm going to say correct as in that

5 is what is here. Is it possible one of them

6 didn't show up? It is possible. I mean, I do

7 not remember in 2010, but -- or '11, but yes.

8 My guess is yes.

9 Q. They were scheduled to?

10 A. Yes. I do know -- I remember the

11 governor absolutely being there.

12 Q. And then there was, after that, an

13 opiate task force panel, correct?

14 A. Correct.

15 Q. And then another presentation by

16 Attorney General Mike DeWine on "Ohio's Opiate

17 Epidemic - A Public Safety Perspective,"

18 correct?

19 A. Correct, although I'm not sure if he

20 actually was able to be there. I remember we

21 had a conference once and one of his staff ended

22 up presenting for him and I'm not sure if this

23 was the one or not.

24 Q. Got it.

25 But someone from the Attorney

<p style="text-align: right;">Page 126</p> <p>1 General's office presented on the opiate 2 epidemic? 3 A. Yes. 4 Q. So there were just at this 5 conference five different presentations on the 6 opiate epidemic specifically? 7 A. Everything there was on the opiate 8 epidemic. 9 Q. So fair to say that anybody 10 attending this conference would have been made 11 aware, if they weren't already, that there was 12 an opiate epidemic in Ohio? 13 MS. KEARSE: Object to form. 14 A. They would have heard that the 15 people presenting believed there was one, yes. 16 Q. On the opiate drug task force panel, 17 the last person on the list is Vince Caraffi, 18 chair of the Cuyahoga County Opiate Task Force. 19 Do you see that? 20 A. I do. 21 Q. Do you know Mr. Caraffi? 22 A. I do not. I may have met him, but 23 to say his name if he walked in front of me, I 24 wouldn't know him, no. 25 Q. And after the presentations there</p>	<p style="text-align: right;">Page 128</p> <p>1 for presentations for all our breakouts. We do 2 not do a call for paper for key notes. We make 3 decisions on who we want to invite to do key 4 notes. 5 Q. And who is included in the "we"? 6 A. Mostly Liz and I. We run them by 7 our executive council, though, or we'll take 8 feedback. We have people that maybe go to a 9 national conference, for example, and come back 10 and say, hey, you guys really need to reach out 11 to so and so. 12 Q. And when did you start doing the 13 formal call for papers? 14 A. That's a good question. I don't 15 remember exactly which year. It's been several 16 years. I don't know which year that was. 17 Q. And this conference back in 2011, 18 can you look at the left-hand column on page 19 480? Dr. Delos Reyes gave a presentation on 20 "Introduction to Medication-Assisted Treatment 21 of Opioid Dependence," correct? 22 A. Yes. It appears so. 23 Q. Did OACBHA track attendance at the 24 summit? 25 A. Yes. And I say yes in a bit of a</p>
<p style="text-align: right;">Page 127</p> <p>1 were a series of breakout sessions, correct? 2 A. Correct. 3 Q. And these are smaller sessions that 4 focus on more specific topics; is that fair? 5 A. That's correct. 6 Q. Who chose the topics for the 7 different breakout sessions? 8 A. I'm going to guess I had some input, 9 Liz had some input, and our committee had input, 10 and we may -- and I don't know. I mean, we do 11 this a lot now so it's very hard to keep one 12 separate from the other. A lot of people 13 contact us and say we'd like to present on a 14 particular topic, so someone may have let us 15 know they would like to present, and I can't say 16 that one of these folks didn't do that. 17 Q. Do you currently have a process for 18 selecting presenters? 19 A. No, we do not. We actually have a 20 call for papers. This past year -- we have 60 21 sessions in our upcoming conference. We had 22 over 80 presentations submitted. I think it was 23 88. Don't quote me on that number, but it was 24 over 80. So we actually had to decide which 25 ones we were selecting. We do call for papers</p>	<p style="text-align: right;">Page 129</p> <p>1 qualified -- anybody who wanted any kind of CEUs 2 or board recognized clock hours which are for 3 addiction would have had to sign in and out. I 4 mean, certainly we would have known who attended 5 based on who took name tags and so forth, but 6 yes. 7 Q. Did you happen to track or look at 8 whether every county was represented at the 9 Summit? 10 A. Not this particular one, no. I 11 don't know. 12 Q. This is going to be Exhibit 10. 13 - - - - - 14 (Thereupon, Walter Deposition 15 Exhibit 10, Multi-Page Document 16 Entitled "Ohio's 2012 Opiate Summit: 17 Miles Traveled - Miles Ahead," was 18 marked for purposes of 19 identification.) 20 - - - - - 21 Q. Do you recognize this document? 22 A. I do. 23 Q. What is it? 24 A. This is our 2012 opiate conference. 25 MS. KEARSE: Do you have a Bates</p>

<p style="text-align: right;">Page 130</p> <p>1 stamp number for this or is this --</p> <p>2 MS. McNAMARA: I downloaded this off</p> <p>3 the website I'll represent.</p> <p>4 A. Didn't we send you all these? I</p> <p>5 thought we sent you all the --</p> <p>6 Q. You sent a lot. I can't say off the</p> <p>7 top of my head.</p> <p>8 A. I'm pretty sure we sent you all</p> <p>9 that.</p> <p>10 MS. KEARSE: Just for the record</p> <p>11 purposes, this is from the website.</p> <p>12 Q. This is currently posted on the</p> <p>13 website. And is this a document that was</p> <p>14 published by OACBHA?</p> <p>15 A. It was.</p> <p>16 Q. And this is a conference that was</p> <p>17 put on by OACBHA?</p> <p>18 A. It was.</p> <p>19 Q. And the conference -- the date of</p> <p>20 the conference was May 7th to 8th, 2012,</p> <p>21 correct?</p> <p>22 A. It was, yes.</p> <p>23 Q. The title of the Summit was "Miles</p> <p>24 Traveled - Miles Ahead."</p> <p>25 Do you see that?</p>	<p style="text-align: right;">Page 132</p> <p>1 presentation selected?</p> <p>2 A. Again, I'm assuming we had some form</p> <p>3 of committee. If not, just the division would</p> <p>4 have given us some feedback on where we needed</p> <p>5 to focus. This one, and I believe the next one,</p> <p>6 the first day was not just general sessions.</p> <p>7 They were focused on a specific topic.</p> <p>8 Q. And then if you look at the next</p> <p>9 page, another of the pre-summit presentations</p> <p>10 was on Data 2000?</p> <p>11 A. Um-hum.</p> <p>12 Q. And that was led by Dr. Delos Reyes</p> <p>13 from Cuyahoga County as well as Dr. Sybil Marsh,</p> <p>14 correct?</p> <p>15 A. Correct.</p> <p>16 Q. What is Data 2000?</p> <p>17 A. Data 2000 is a training you have to</p> <p>18 have in order to be able to prescribe an</p> <p>19 buprenorphine or a suboxone type product.</p> <p>20 Q. And do you know how it came about</p> <p>21 that Dr. Delos Reyes was one of the leaders of</p> <p>22 this workshop?</p> <p>23 A. We know that she had provided the</p> <p>24 training, so I'm sure we asked her to do it.</p> <p>25 She was very well versed in this topic, and</p>
<p style="text-align: right;">Page 131</p> <p>1 A. I do.</p> <p>2 Q. Is there some significance to the</p> <p>3 name?</p> <p>4 A. Were we trying to be snappy? I</p> <p>5 don't know. Seriously, my guess is we were</p> <p>6 looking at we had made some progress and there</p> <p>7 was a lot more to be made. I'm only guessing</p> <p>8 that. I mean, I'm sure we came up with the</p> <p>9 name.</p> <p>10 Q. And this particular summit expanded</p> <p>11 from the one-day summit the previous year into</p> <p>12 two days?</p> <p>13 A. That's correct. This is our first</p> <p>14 two days.</p> <p>15 Q. And it looks like on the first day</p> <p>16 there were some different pre-summit</p> <p>17 presentations involved or offered, correct?</p> <p>18 A. Correct.</p> <p>19 Q. And one of those was the opiate</p> <p>20 epidemic and its impact on medical and clinical</p> <p>21 practices.</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. Now, just to back up for a minute.</p> <p>25 How were the topics for the pre-summit</p>	<p style="text-align: right;">Page 133</p> <p>1 being that she was working with one of our</p> <p>2 boards, she was pretty easy to reach out to.</p> <p>3 She helped us out.</p> <p>4 Q. And turning to the next page with</p> <p>5 the agenda for May 8th, you again gave the</p> <p>6 welcome presentation, this time with</p> <p>7 Mr. Denihan, correct?</p> <p>8 A. Correct. I believe he was the</p> <p>9 president of the association at the time, which</p> <p>10 is why he would have done that.</p> <p>11 Q. Was it your understanding from</p> <p>12 working with Mr. Denihan on this conference and</p> <p>13 in OACBHA more generally that he was aware of an</p> <p>14 opiate epidemic at this time?</p> <p>15 MS. SHAYNAK-DIAZ: Object to form.</p> <p>16 A. Yes.</p> <p>17 Q. How were the speakers for this</p> <p>18 conference chosen?</p> <p>19 A. Again, we would have had to have a</p> <p>20 conference committee just as an FYI. In order</p> <p>21 to get CEUs and RCHs, you always have to have a</p> <p>22 committee helping you plan. So we would have</p> <p>23 had a committee so we would have gotten feedback</p> <p>24 from them. Again, I'm sure we got feedback from</p> <p>25 our executive council and most likely the</p>

<p style="text-align: right;">Page 134</p> <p>1 division, drug and alcohol, and maybe even Orman</p> <p>2 Hall, who was the director at the time of the</p> <p>3 department who was one of our funders.</p> <p>4 Q. And has it been a similar process</p> <p>5 for selecting speakers at each of the</p> <p>6 conferences?</p> <p>7 A. Until we went to the full-blown call</p> <p>8 for papers, yes.</p> <p>9 Q. And was it a similar group of people</p> <p>10 who would have decided the topics as well until</p> <p>11 you went to the call for papers?</p> <p>12 A. You mean the breakouts and so forth?</p> <p>13 Q. The topics for the presentations.</p> <p>14 A. In general, yes. We would not</p> <p>15 necessarily. They may have well told us what</p> <p>16 their title was and the specifics, but in</p> <p>17 general, we knew, I would think, what we were</p> <p>18 looking for, yes. I mean, if we reached out,</p> <p>19 for example, to Director Krolokowski, we</p> <p>20 wouldn't have told him what to present. We</p> <p>21 would have been asking the director of, you</p> <p>22 know, the Office of National Drug Policy to come</p> <p>23 give us his updates. So he decided. It just</p> <p>24 depends on what the topic is.</p> <p>25 Q. So aside from you, have there been</p>	<p style="text-align: right;">Page 136</p> <p>1 Q. On page 6 -- sorry. On page 7 of</p> <p>2 the document, the second breakout session listed</p> <p>3 there is "House Bill 93: Pill Mill Legislation</p> <p>4 Affecting Change."</p> <p>5 Do you see that?</p> <p>6 A. I do.</p> <p>7 Q. Do you know what a pill mill is?</p> <p>8 A. I do.</p> <p>9 Q. What is it?</p> <p>10 A. It was more so in southeast Ohio,</p> <p>11 but it was doctors who set up practices where</p> <p>12 basically what they did was prescribe opiates.</p> <p>13 Sometimes it was cash and carry; sometimes it</p> <p>14 wasn't.</p> <p>15 Q. And do you recall House Bill 93?</p> <p>16 A. In general, yes.</p> <p>17 Q. And what's your understanding of</p> <p>18 what House Bill 93 did?</p> <p>19 A. Well, they were looking to shut down</p> <p>20 pill mills. I mean, that's really what they</p> <p>21 were doing, and prescribing practices and so</p> <p>22 forth is how they would go about doing that.</p> <p>23 Q. The description of this session</p> <p>24 references the realities of its implementation</p> <p>25 and impact in the last line.</p>
<p style="text-align: right;">Page 135</p> <p>1 any regulars on the conference planning</p> <p>2 committee over the years?</p> <p>3 A. Liz Henrich has been there for every</p> <p>4 one. I'm trying to think. I've had a lot of</p> <p>5 turnover in directors. I'm trying to think if</p> <p>6 any one of them has been there the whole time,</p> <p>7 and probably not.</p> <p>8 Q. Would the president of the executive</p> <p>9 council customarily participate on the</p> <p>10 committee?</p> <p>11 A. Not necessarily. We tended to lean</p> <p>12 towards people -- because we were going for</p> <p>13 certification, we wanted people who were</p> <p>14 licensed or certified and it just depended.</p> <p>15 And, frankly, we have presidents who have</p> <p>16 different areas of expertise and different areas</p> <p>17 of focus and it's possible one of our</p> <p>18 president's main focus wasn't opiates so they</p> <p>19 may not, in fact, have been on it.</p> <p>20 Q. And this conference also had a</p> <p>21 series of breakout sessions?</p> <p>22 A. Correct.</p> <p>23 Q. Is that typical of all of the</p> <p>24 conferences?</p> <p>25 A. Absolutely.</p>	<p style="text-align: right;">Page 137</p> <p>1 Do you see that?</p> <p>2 A. I do.</p> <p>3 Q. Do you have an understanding of what</p> <p>4 that means?</p> <p>5 A. I don't know exactly what that</p> <p>6 meant. I think the -- I'll just leave it at</p> <p>7 that. I'm not exactly sure what that meant.</p> <p>8 Q. From your perspective at OACBHA, did</p> <p>9 you see any unintended consequences or changes</p> <p>10 as a result of pill mills being closed down?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. Yes. I don't know that I would say</p> <p>13 that they were unintended, but they were</p> <p>14 unintended to some people. As pill mills began</p> <p>15 to close down, we began to see an increase in</p> <p>16 the use of heroin and other drugs. A good</p> <p>17 addict, if they don't get the drug they have had</p> <p>18 and they don't get into treatment, they will use</p> <p>19 something else, and I think many of us did</p> <p>20 anticipate exactly that happening.</p> <p>21 Q. Did OACBHA take a position on House</p> <p>22 Bill 93 or any other legislation relating to</p> <p>23 pill mills?</p> <p>24 A. I'm guessing we did, but honest to</p> <p>25 God, I don't know what it was.</p>

<p style="text-align: right;">Page 138</p> <p>1 Q. The next session down on this page 2 is called "Alternatives to Opioid Use: Pain 3 Management and Prescribing." 4 Do you see that? 5 A. I do. 6 Q. Do you happen to know the presenter, 7 Dr. Soin, S-o-i-n? 8 A. No. I may have met him as a 9 presenter, but other than that, no, I don't. 10 Q. Do you know the other presenter, Dr. 11 Cass? 12 A. I do not. 13 Q. On the next page, the third section 14 down, the topic is "Strategies for Statewide 15 Awareness Campaigns." 16 Do you see that? 17 A. I do. 18 Q. And this particular session had five 19 different presenters, correct? 20 A. Um-hum. 21 Q. And one of them was Scott Osiecki, 22 Director of External Affairs for Cuyahoga County 23 ADAMHS Board, correct? 24 A. Correct. 25 Q. Do you know Mr. Osiecki?</p>	<p style="text-align: right;">Page 140</p> <p>1 11:59. 2 - - - - - 3 (Thereupon, Walter Deposition 4 Exhibit 11, Ohio Legislative Update, 5 Dated February 2012, Beginning Bates 6 Number OhioMHAS S 001, was marked 7 for purposes of identification.) 8 - - - - - 9 Q. I'm going to hand you what we're 10 marking as Exhibit 11. This is a document that 11 was actually produced by Ohio MHAS. The Bates 12 label is OhioMHAS S 001. 13 A. I can't read the second page, so if 14 you want anything off of that -- 15 Q. No. I probably can't either. 16 Have you seen this document before? 17 A. Probably. We didn't produce it, but 18 I've probably seen it. 19 Q. And for the record, it's a document 20 Legislative Update dated February 2012. 21 Do you see that? 22 A. I do. 23 Q. And in the upper left-hand corner is 24 the logo for Ohio Department of Alcohol and Drug 25 Addiction Services.</p>
<p style="text-align: right;">Page 139</p> <p>1 A. I do. 2 Q. Did you know him back then in 2012? 3 A. I did. 4 Q. Over the years have you worked with 5 Mr. Osiecki on any initiatives or projects 6 related to opioids? 7 A. Specific to opioids, as I said, I 8 was in Cleveland at one point where they did a 9 conference and I went up there. Scott may have 10 been involved in that. I don't remember. I 11 also believe that Scott may have been involved 12 at some point when we did some of the Don't Get 13 Me Started. I was not leading that, but he may 14 have worked with us. 15 Q. Do you know how he came to be 16 selected to be one of the presenters in the 17 session? 18 A. I don't. 19 MS. McNAMARA: I don't know how long 20 we've been going, but it's kind of a logical 21 point for a break for me, if that works for you. 22 THE VIDEOGRAPHER: Off the record at 23 11:56. 24 (Recess had.) 25 THE VIDEOGRAPHER: On the record,</p>	<p style="text-align: right;">Page 141</p> <p>1 Do you see that? 2 A. I do. 3 Q. Now, on the front page of this 4 legislative update is an article about the Don't 5 Get Me Started campaign, correct? 6 A. Correct. 7 Q. What was the -- so what was the 8 Don't Get Me Started campaign? 9 A. It was a marketing campaign to get 10 people to think twice about taking painkillers, 11 to talk about it. It was a grant we received 12 for marketing purposes that we basically -- the 13 department did a lot of the lead on this. It 14 was not just us. They did a lot of the lead on 15 this. We did a contract with -- I'm going to 16 smear their name, but Fahlgren Mortine or 17 whoever that group is who actually produced the 18 posters and all of that. Everything had to be 19 approved by the Department of Mental Health -- 20 I'm sorry, by the Department of Alcohol and Drug 21 Addiction Services. I can tell you that the 22 person that worked directly with us from there 23 was Stacey Frohnapfel-Hasson. My person again 24 would have been Liz because she does a lot of 25 our marketing stuff. But I was aware of all of</p>

<p style="text-align: right;">Page 142</p> <p>1 this, yes.</p> <p>2 Q. So Stacey -- what was her last name?</p> <p>3 A. Frohnapfel-Hasson.</p> <p>4 Q. And she was from ODADAS?</p> <p>5 A. She worked with ODADAS, yes.</p> <p>6 Q. And you mentioned that there was</p> <p>7 a -- this was a grant for marketing purposes?</p> <p>8 A. Correct.</p> <p>9 Q. Where was that grant from?</p> <p>10 A. The Department of Alcohol and Drug</p> <p>11 Addiction Services. We may -- this may have</p> <p>12 been the first time we got some money from</p> <p>13 Cardinal Health. I don't remember. Cardinal</p> <p>14 Health may have been one of the grantees as part</p> <p>15 of this as well.</p> <p>16 Q. And what was the purpose of the</p> <p>17 Don't Get Me Started campaign?</p> <p>18 A. Again, educational purposes. There</p> <p>19 were posters. I believe in some places there</p> <p>20 were billboards. There was a website to get</p> <p>21 people to think about it before they took</p> <p>22 prescription drugs.</p> <p>23 Q. So this campaign specifically</p> <p>24 related to prescription drug abuse, correct?</p> <p>25 A. I believe this was prescription</p>	<p style="text-align: right;">Page 144</p> <p>1 Talking and this went away.</p> <p>2 Q. And the Don't Get Me Started</p> <p>3 campaign ran across the state?</p> <p>4 A. It did, yes.</p> <p>5 Q. And it ran for a few years and then</p> <p>6 the state launched a different campaign?</p> <p>7 A. I think it went for a couple years.</p> <p>8 Q. And that one was called?</p> <p>9 A. I believe it was called Start</p> <p>10 Talking, and we did not do that campaign.</p> <p>11 Q. Has OACBHA been involved in any</p> <p>12 other public awareness campaigns regarding the</p> <p>13 opiate epidemic since Don't Get Me Started?</p> <p>14 A. Since Don't Get Me Started? Well,</p> <p>15 we have a website, Recovery is Beautiful. It is</p> <p>16 not opiate specific, but it is a website that</p> <p>17 goes to individuals who have lived recovery.</p> <p>18 They tell stories. We put up stories. We put</p> <p>19 up blogs. Sometimes it's related to opiates.</p> <p>20 Sometimes it's general addiction. Sometimes</p> <p>21 it's mental health. But that's not a campaign</p> <p>22 that's specific to opiates, but we have</p> <p>23 certainly done that. We do one-pagers and I</p> <p>24 know we sent them all to you. We do one-pagers</p> <p>25 every month. Sometimes those are opiate</p>
<p style="text-align: right;">Page 143</p> <p>1 drugs, yeah.</p> <p>2 Q. And this article indicates that the</p> <p>3 campaign included a website; is that accurate?</p> <p>4 A. That is correct.</p> <p>5 Q. And it also included posters placed</p> <p>6 at convenient stores and organizations around</p> <p>7 the state?</p> <p>8 A. Correct.</p> <p>9 Q. Were there any other aspects of the</p> <p>10 campaign that you can recall?</p> <p>11 A. You know, we pushed it out to the</p> <p>12 board so that they could do it locally. There</p> <p>13 were posters. There may have been like other</p> <p>14 small things like magnet -- I believe there were</p> <p>15 magnets that advertised the website that you</p> <p>16 could go to. There may have been other small</p> <p>17 tchotchke kind of things with the website on it.</p> <p>18 I believe there were.</p> <p>19 Q. And how long did the campaign run?</p> <p>20 A. I think it only went for a couple of</p> <p>21 years.</p> <p>22 Q. And it was launched around 2012?</p> <p>23 A. Um-hum. Actually, maybe in '11, '11</p> <p>24 or '12, yeah. They actually went from this,</p> <p>25 though, and then the state moved to Start</p>	<p style="text-align: right;">Page 145</p> <p>1 specific. Sometimes they're not. So we send</p> <p>2 those to thousands of people when we do them.</p> <p>3 But it wouldn't be a campaign per se. It would</p> <p>4 just be educational.</p> <p>5 Q. And to whom do those one-pagers get</p> <p>6 distributed?</p> <p>7 A. Legislators. Many of the people</p> <p>8 that were on that opiate task force, we send</p> <p>9 them to their committees. All our boards get</p> <p>10 them to give to their board directors. We give</p> <p>11 them to the departments to send out. And I</p> <p>12 think we have a mailing list right now of</p> <p>13 about -- above and beyond that, about 6,000</p> <p>14 people. And we always put the opiate ones in</p> <p>15 the opiate conference packets.</p> <p>16 MS. McNAMARA: Okay. So let's break</p> <p>17 for lunch.</p> <p>18 THE VIDEOGRAPHER: Off the record at</p> <p>19 12:05.</p> <p>20</p> <p>21 (Luncheon recess taken.)</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

<p style="text-align: right;">Page 146</p> <p>1 THE VIDEOGRAPHER: We're on the 2 record, 1:03. 3 ----- 4 AFTERNOON SESSION 5 CONTINUED EXAMINATION OF CHERI WALTER 6 BY MS. McNAMARA: 7 Q. Welcome back. 8 A. Thank you. 9 - - - - - 10 (Thereupon, Walter Deposition 11 Exhibit 12, Multi-Page Document 12 Entitled "Ohio's Opiate Issues, 13 Ashtabula County Opiate Summit," 14 Dated October 14, 2011, was marked 15 for purposes of identification.) 16 - - - - - 17 Q. I'm going to hand you what I've 18 marked as Exhibit 12. This document was 19 produced by OACBHA with a Bates number 20 OACBHA-00004840. 21 A. I had forgotten all about this one. 22 I'm ready. 23 Q. Great. 24 Do you recognize this document? 25 A. I do now. I had forgotten all about</p>	<p style="text-align: right;">Page 148</p> <p>1 County to put on an opiate summit back in 2011? 2 A. I don't know exactly. My guess is 3 their task force -- they were not the only 4 county that's ever put one on. Others have. 5 Q. Do they have an opiate task force? 6 A. I'm guessing they do, yes. 7 Q. Who asked you to present at the 8 summit? 9 A. I'm guessing Miriam Walton, who is 10 the director there. I don't know who else from 11 Ashtabula County would have asked me. 12 Q. Did you draft this presentation? 13 A. I'm guessing Liz Henrich and I did, 14 but yes. 15 Q. So can you flip ahead to -- I think 16 it's the sixth page -- that has "The Development 17 of an Epidemic" at the top? 18 A. Got it. 19 Q. Did you draft the language on this 20 slide? 21 A. I'm sure we put the slide together. 22 Whether or not I took that from somebody else or 23 not, I can't answer. But yeah, I'll own that, 24 sure. 25 Q. But you would have approved this</p>
<p style="text-align: right;">Page 147</p> <p>1 it, but yes. 2 Q. And, for the record, the document 3 title page says, "Ohio's Opiate Issues, 4 Ashtabula County Opiate Summit"; is that 5 correct? 6 A. Correct. 7 Q. And does this -- does this 8 document -- is this document a presentation that 9 you made at that summit? 10 A. I believe so. 11 Q. And the summit was October 14th, 12 2011, according to the document -- 13 A. Okay. 14 Q. -- correct? 15 The Ashtabula Opiate Summit, was 16 that an OACBHA event? 17 A. It was not. I believe it was the 18 Ashtabula Board that put this on. 19 Q. And was it a one-time event or is it 20 something that they -- 21 A. I can't answer that. That's the 22 only time I ever went to their event. 23 Q. And do you know or recall why 24 Ashtabula County -- strike that. 25 Do you know what prompted Ashtabula</p>	<p style="text-align: right;">Page 149</p> <p>1 slide before you gave the presentation, correct? 2 A. Yes. Yes. I'm just saying I don't 3 know if I maybe took this from some other 4 presentation that I had seen is what I'm saying. 5 I don't know that I'm original. I don't want to 6 own somebody else's work. But yeah. 7 Q. Gotcha. Fair enough. 8 And this particular slide, the topic 9 is "Development of an Epidemic," and it contains 10 a series of bullet points, correct? 11 A. Correct. 12 Q. And the first bullet point says, 13 "New and better pain medications became 14 available in the mid-1990s." 15 A. Correct. 16 Q. Do you see that? 17 A. Correct. 18 Q. And do you view that as a factor in 19 the development of the opiate epidemic? 20 A. Yeah. 21 Q. How is that? 22 A. I think because of the -- the 23 advertising of the fact that America is a 24 company where people don't want pain and, you 25 know, we had the whole 5th vital sign, and I'm</p>

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1 probably going on too long here, but anyhow, I
 2 just think it all kind of led together.
 3 Q. The next bullet point said,
 4 "Insurers promoted use of Rx drugs to reduce
 5 more expensive hospital stays."
 6 Do you see that?
 7 A. I do.
 8 Q. And do you believe that was a factor
 9 in the development of the opiate epidemic?
 10 A. Yeah. Yeah, I'm sure that I read
 11 that somewhere and I used it, yes, but I do
 12 believe that keeping people out of hospitals was
 13 part of why things happened, yes.
 14 Q. So am I understanding correctly
 15 you're saying people were prescribed drugs and
 16 sent home rather than kept in the hospital?
 17 A. I believe that to be --
 18 Q. Prescribed prescription opioids
 19 specifically?
 20 A. Yeah. Yeah.
 21 Q. The next bullet point is "Changes in
 22 prescribing laws took prescription opioids from
 23 being restricted to hospitals to at-home use."
 24 Do you see that?
 25 A. I do.

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1 Q. And do you view that as a factor in
 2 the development of the opiate epidemic?
 3 A. I do. I think just the general
 4 increased availability of opiates, yes.
 5 Q. Increased availability meaning
 6 availability from doctors?
 7 A. Yeah.
 8 Q. Willingness of doctors to prescribe
 9 opioids --
 10 A. Um-hum.
 11 Q. -- to be more precise?
 12 THE COURT REPORTER: I'm sorry. Did
 13 you answer?
 14 THE WITNESS: Yes.
 15 Q. The next bullet point is,
 16 "Advertising by drug manufacturers drove demand
 17 for drugs that had the ability to change a
 18 patient's lifestyle."
 19 Do you see that?
 20 A. I do.
 21 Q. And do you believe that's a factor
 22 in the development of the opiate epidemic?
 23 A. I do.
 24 Q. With respect to advertising by drug
 25 manufacturers, are you referring specifically to

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1 advertising for prescription opioids?
 2 A. In this particular case I probably
 3 was, yes.
 4 Q. To whom? Advertising to whom?
 5 Sorry.
 6 A. To doctors.
 7 Q. And then the last bullet point is
 8 "Shift in marketing from prescribers to
 9 patients."
 10 Do you see that?
 11 A. I do.
 12 Q. And do you believe that's a factor
 13 in the development of the opiate epidemic?
 14 A. I do.
 15 Q. And shift in market -- shift in
 16 marketing by whom?
 17 A. Prescription drug companies in
 18 general. I mean, even today we still see them
 19 on the TV. We see them, you know, in magazines,
 20 and I just believe people began to believe they
 21 didn't have to feel pain.
 22 Q. Do you recall seeing any
 23 advertisements on TV for prescription opioids?
 24 A. I don't right off the top of my
 25 head.

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1 Q. Any advertisements in magazines for
 2 prescription opioids?
 3 A. Not lately, no. No.
 4 Q. If you flip ahead to the next set of
 5 slides --
 6 A. Next -- oh, the maps?
 7 Q. Yes. There are a series of heat
 8 maps of the state of Ohio?
 9 A. Correct.
 10 Q. And these are maps that show the
 11 percentage of client admissions for opiate abuse
 12 and dependence, correct?
 13 A. Correct.
 14 Q. On the left underneath the legend
 15 there's a text box that says, "This map
 16 represents the percentage of clients in
 17 treatment with an opioid-related diagnosis."
 18 Do you see that?
 19 A. Correct.
 20 Q. Do you know what counts as an
 21 opioid-related diagnosis?
 22 A. I believe in this case it could be
 23 primary or secondary.
 24 Q. And what does primary or secondary
 25 refer to?

<p style="text-align: right;">Page 154</p> <p>1 A. Their drug of choice could be</p> <p>2 opioids but yet they're addicted to alcohol, or</p> <p>3 their drug of choice could be alcohol but yet</p> <p>4 they've used opioids in their life as well and</p> <p>5 they report that upon assessment.</p> <p>6 Q. So how did you get these maps?</p> <p>7 A. They came out of MACSIS. I believe</p> <p>8 these maps were ones that I had seen Orman Hall</p> <p>9 use in an opiate conference and I either asked</p> <p>10 him for them or we already had them because we</p> <p>11 had his conference presentation is my guess.</p> <p>12 Q. And was that an OACBHA opiate</p> <p>13 conference or --</p> <p>14 A. That he would have presented these</p> <p>15 at, yes.</p> <p>16 Q. And these are -- in the upper</p> <p>17 left-hand corner there is the Ohio Department of</p> <p>18 Alcohol and Drug Addiction Services logo, right?</p> <p>19 A. Right.</p> <p>20 Q. Got it.</p> <p>21 Do you know whether ODADAS created</p> <p>22 and disseminated these maps regularly or was it</p> <p>23 a special request or project by Mr. Hall?</p> <p>24 A. I don't know that they did them</p> <p>25 regularly. I won't say that this was the only</p>	<p style="text-align: right;">Page 156</p> <p>1 A. Correct.</p> <p>2 Q. And, again, both Cuyahoga County and</p> <p>3 Summit County are listed as having among the</p> <p>4 highest concentrations for opiate admissions,</p> <p>5 correct?</p> <p>6 A. Yes.</p> <p>7 Q. And at that point Cuyahoga County,</p> <p>8 between 2001 and 2003, went up from 14.3 percent</p> <p>9 to 16.3 percent, correct?</p> <p>10 A. Correct.</p> <p>11 Q. And Summit County went up from 12.1</p> <p>12 to 12.7 percent, correct?</p> <p>13 A. Correct.</p> <p>14 Q. Now, the next map contains data from</p> <p>15 2005, correct?</p> <p>16 A. Yes.</p> <p>17 Q. And this map -- there's been a</p> <p>18 change in the five highest counties for</p> <p>19 opioid-related diagnoses, correct?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. Ask the question again.</p> <p>22 Q. Yes. That was a terrible question.</p> <p>23 Sorry.</p> <p>24 So for the data from 2005, neither</p> <p>25 Cuyahoga County nor Summit County are listed as</p>
<p style="text-align: right;">Page 155</p> <p>1 time I had ever seen them by far. I believe he</p> <p>2 also had -- again, I shouldn't speak for him.</p> <p>3 This was not the only time I had ever seen them.</p> <p>4 Q. The first of these maps is from</p> <p>5 2001, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And --</p> <p>8 A. Well, the data is from 2001.</p> <p>9 Q. Thank you.</p> <p>10 So I'll back up to make the record</p> <p>11 clearer.</p> <p>12 So the first map contains data from</p> <p>13 2001, correct?</p> <p>14 A. Correct.</p> <p>15 Q. And the data from 2001 shows that</p> <p>16 the highest concentrations for opiate admissions</p> <p>17 were in Cuyahoga County at 14.3 percent.</p> <p>18 Do you see that?</p> <p>19 A. I do.</p> <p>20 Q. And, also, Summit County is the</p> <p>21 fourth highest at 12.1 percent.</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. And then the next of the heat maps</p> <p>25 contains data from 2003, correct?</p>	<p style="text-align: right;">Page 157</p> <p>1 counties with the highest opioid admissions,</p> <p>2 correct?</p> <p>3 A. Correct.</p> <p>4 Q. Now, the highest is Scioto County,</p> <p>5 with 34.4 percent, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And meanwhile, Cuyahoga, which was</p> <p>8 at 16.3 percent, actually dropped down to 12.8</p> <p>9 percent.</p> <p>10 Do you see that?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I see that, correct.</p> <p>13 Q. And Summit County is at 12.8</p> <p>14 percent, correct?</p> <p>15 A. Correct.</p> <p>16 Q. And if you go ahead to the last map,</p> <p>17 which has the data from 2009 --</p> <p>18 A. Um-hum.</p> <p>19 Q. -- the highest there is again Scioto</p> <p>20 County at 64.1 percent, correct?</p> <p>21 A. Correct.</p> <p>22 Q. And Cuyahoga County is now up to 19</p> <p>23 percent, correct?</p> <p>24 A. Correct.</p> <p>25 Q. And Summit County is up to 15</p>

<p style="text-align: right;">Page 158</p> <p>1 percent, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Ashtabula County, up in the</p> <p>4 northeast corner --</p> <p>5 A. Right.</p> <p>6 Q. -- is only 9.2 percent, correct?</p> <p>7 A. Correct.</p> <p>8 Q. But even at 9.2 percent, Ashtabula</p> <p>9 County decided to have a summit on the opiate</p> <p>10 epidemic in 2011, correct?</p> <p>11 A. Correct.</p> <p>12 Q. So even though they are -- have a</p> <p>13 lower percentage of opioid-related diagnoses,</p> <p>14 admissions, they were still aware that the</p> <p>15 opiate epidemic was going on, correct?</p> <p>16 MS. KEARSE: Object to form.</p> <p>17 A. Correct.</p> <p>18 Q. If you flip ahead to the second to</p> <p>19 last slide of the presentation right before the</p> <p>20 thank you, there's a slide that says, "What This</p> <p>21 Issue is Really About."</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. Do you remember what you said when</p> <p>25 you put that slide up?</p>	<p style="text-align: right;">Page 160</p> <p>1 purposes of identification.)</p> <p>2 - - - - -</p> <p>3 Q. I'm going to hand you two documents,</p> <p>4 which are going to be 13 and 14.</p> <p>5 A. Okay.</p> <p>6 Q. So Exhibit 13 has the Bates label</p> <p>7 CUYAH_012613450.</p> <p>8 A. Right.</p> <p>9 Q. And this is an e-mail from you to a</p> <p>10 long list of people.</p> <p>11 A. My membership, yes.</p> <p>12 Q. With the subject line "Several</p> <p>13 Things/Updates."</p> <p>14 Do you see that?</p> <p>15 A. Correct.</p> <p>16 Q. And the date on this is October 17,</p> <p>17 2013, correct?</p> <p>18 A. Uh-huh.</p> <p>19 Q. Do you recall sending this e-mail?</p> <p>20 A. Not specifically, no, but I</p> <p>21 absolutely believe it's mine, yes.</p> <p>22 Q. And you mentioned that the</p> <p>23 recipients here were your members?</p> <p>24 A. Correct.</p> <p>25 Q. And among the recipients of this</p>
<p style="text-align: right;">Page 159</p> <p>1 A. I have no idea. I mean, seriously,</p> <p>2 it was ten years ago or however long ago, eight</p> <p>3 years ago. I don't know what I said. I mean --</p> <p>4 Q. Fair enough.</p> <p>5 A. I would pontificate, but it would</p> <p>6 serve little purpose.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Walter Deposition</p> <p>9 Exhibit 13, E-Mail from Cheri Walter</p> <p>10 to Several Recipients, Dated October</p> <p>11 17, 2013, Beginning Bates Number</p> <p>12 CUYAH_012613450 - Marked</p> <p>13 Confidential, was marked for</p> <p>14 purposes of identification.)</p> <p>15 - - - - -</p> <p>16 (Thereupon, Walter Deposition</p> <p>17 Exhibit 14, Multi-Page Document</p> <p>18 Entitled "Ohio House of</p> <p>19 Representatives Prescription Drug</p> <p>20 Addiction and Healthcare Reform</p> <p>21 Legislative Study Committee</p> <p>22 Chairman's Report," Dated October</p> <p>23 17, 2013, Beginning Bates Number</p> <p>24 CUYAH_012613466 - Marked</p> <p>25 Confidential, was marked for</p>	<p style="text-align: right;">Page 161</p> <p>1 e-mail on the third line is Mr. Denihan.</p> <p>2 Do you see that?</p> <p>3 A. Yes, I do.</p> <p>4 Q. And then if you go four lines down</p> <p>5 from Mr. Denihan right on the left-hand side,</p> <p>6 there's an e-mail address Craigga@admboard.org.</p> <p>7 Do you see that?</p> <p>8 A. I do now, yes.</p> <p>9 Q. And do you know who -- whose e-mail</p> <p>10 address that is?</p> <p>11 A. That's Jerry Craig, the director of</p> <p>12 the Summit County Board.</p> <p>13 Q. And then if you go down toward the</p> <p>14 bottom, about eight lines up, all the way on the</p> <p>15 right side, is Scott Osiecki.</p> <p>16 Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. And Mr. Osiecki is with the Cuyahoga</p> <p>19 County ADAMHS Board, correct?</p> <p>20 A. Correct.</p> <p>21 Q. And then two lines up from the</p> <p>22 bottom is Mr. Leffler?</p> <p>23 A. Correct.</p> <p>24 Q. And as your subject line indicates,</p> <p>25 this e-mail contains updates on a number of</p>

<p style="text-align: right;">Page 162</p> <p>1 different things?</p> <p>2 A. Correct.</p> <p>3 Q. The last of which is a Prescription</p> <p>4 Drug Addiction and Healthcare Reform Study</p> <p>5 Committee Press Conference.</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. And that was a press conference</p> <p>9 about the issuance of the chairman's report from</p> <p>10 the Prescription Drug Addiction and Healthcare</p> <p>11 Reform Study Committee, correct?</p> <p>12 A. Correct.</p> <p>13 Q. And if you take a look at Exhibit</p> <p>14 14, which I will represent to you is attached to</p> <p>15 this e-mail, there were just some attachments in</p> <p>16 between. Is this a copy of Representative</p> <p>17 Sprague's report?</p> <p>18 A. It appears to be, yes.</p> <p>19 Q. Do you recall reading Exhibit 14,</p> <p>20 the chairman's report, around the time it was</p> <p>21 issued in October 2013?</p> <p>22 A. I don't recall, but I'm sure I did.</p> <p>23 Let's put it that way. Yes.</p> <p>24 Q. Do you recall hearing about the</p> <p>25 committee and the issuance of the report at the</p>	<p style="text-align: right;">Page 164</p> <p>1 don't believe I attended any of these four, but</p> <p>2 I can't swear that I didn't because I've</p> <p>3 attended some hearings before and I'm not sure</p> <p>4 which round.</p> <p>5 Q. Do you recall providing testimony,</p> <p>6 written or oral, to this particular committee?</p> <p>7 A. I'm sure I spoke with Representative</p> <p>8 Sprague about this, so I'm guessing it's very</p> <p>9 possible I did, but again, he's had so many</p> <p>10 committees over the years that I'm not -- I just</p> <p>11 don't know, but I'm sure I have talked with him</p> <p>12 about this.</p> <p>13 Q. And has he had multiple committees</p> <p>14 about opioids?</p> <p>15 A. He has had multiple committees about</p> <p>16 opioids. And I believe, honestly, this was his</p> <p>17 first round of hearings. He did more than one</p> <p>18 round of hearings.</p> <p>19 Q. If you turn to page 6 of Exhibit 14,</p> <p>20 the heading on that page is "A State-Sponsored</p> <p>21 Problem."</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. And the report says, "The General</p> <p>25 Assembly has great regulatory control over</p>
<p style="text-align: right;">Page 163</p> <p>1 time?</p> <p>2 A. Yes, I do.</p> <p>3 Q. Do you recall talking about it with</p> <p>4 other OACBHA members?</p> <p>5 A. The report itself, not necessarily,</p> <p>6 other than the e-mail, but the process, yes,</p> <p>7 because he was doing hearings around the state</p> <p>8 and we had heard from some of our boards about</p> <p>9 those hearings and so we were trying to make</p> <p>10 sure they were aware that one could be coming to</p> <p>11 their community, and if we knew, we tried to let</p> <p>12 them know. So about the process, yes.</p> <p>13 Q. The process for the committee's</p> <p>14 investigation that led to the report?</p> <p>15 A. Yes.</p> <p>16 Q. Got it.</p> <p>17 And if you turn to page -- pages 3</p> <p>18 and 4 of the report, it lists the various</p> <p>19 committee hearings around the state.</p> <p>20 Do you see that?</p> <p>21 A. Yes, I do.</p> <p>22 Q. Did you personally attend any of</p> <p>23 these hearings?</p> <p>24 A. God, we had so many different</p> <p>25 hearings. I don't believe -- I'm looking. I</p>	<p style="text-align: right;">Page 165</p> <p>1 Ohio's medical system, and this addiction</p> <p>2 epidemic could not have occurred at its current</p> <p>3 level without mistakes that were made within the</p> <p>4 General Assembly, the state medical regulatory</p> <p>5 structure and by the individual physicians</p> <p>6 themselves."</p> <p>7 Now, based on your experience as CEO</p> <p>8 at OACBHA and your interaction with the boards,</p> <p>9 do you agree with that statement by the</p> <p>10 committee?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. I don't know that I'm qualified to</p> <p>13 say that because I believe people grow and</p> <p>14 learn, so I don't know that I would -- I don't</p> <p>15 know. I don't know that I would say that. I'm</p> <p>16 not going to say that things couldn't have been</p> <p>17 different. But yeah. Those weren't my words.</p> <p>18 Q. Do you believe that the general</p> <p>19 assembly could have taken measures that might</p> <p>20 have reduced or abated the epidemic along the</p> <p>21 way?</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. Yes.</p> <p>24 Q. The committee cites a number of</p> <p>25 contributing factors underneath the paragraph I</p>

<p style="text-align: right;">Page 166</p> <p>1 just read.</p> <p>2 Do you see that?</p> <p>3 A. Um-hum.</p> <p>4 Q. And the first one is the passage of</p> <p>5 the Intractable Pain Act in 1998.</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. And the committee described that act</p> <p>9 as "opening the flood gates for doctors to treat</p> <p>10 chronic pain with prescription opioids."</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. And do you understand that to be one</p> <p>14 of the contributing factors?</p> <p>15 A. I honestly don't even know this act,</p> <p>16 so I can't -- I can't even speak to that.</p> <p>17 Q. Fair enough.</p> <p>18 The second contributing factor</p> <p>19 listed references pain as the 5th vital sign.</p> <p>20 Do you see that?</p> <p>21 A. I do.</p> <p>22 Q. And I think you said something</p> <p>23 earlier in your testimony about pain is the 5th</p> <p>24 vital sign, correct?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. Are you familiar with that?</p> <p>2 A. Correct. I am.</p> <p>3 Q. And do you view that as one of the</p> <p>4 contributing factors to the opioid epidemic?</p> <p>5 A. I think that -- because I think that</p> <p>6 grade is part of the whole 5th vital sign, I do</p> <p>7 think that that contributed.</p> <p>8 Q. And then the last contributing</p> <p>9 factor is direct consumer advertising molding</p> <p>10 public opinion.</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. And you listed a similar factor in</p> <p>14 your presentation, correct?</p> <p>15 A. Correct.</p> <p>16 Q. And Representative Sprague and his</p> <p>17 committee proposed a number of legislative</p> <p>18 measures --</p> <p>19 A. Correct.</p> <p>20 Q. -- as part of the report, correct?</p> <p>21 - - - - -</p> <p>22 (Thereupon, Walter Deposition</p> <p>23 Exhibit 15, E-Mail from Cheri Walter</p> <p>24 to Several Recipients, Dated January</p> <p>25 7, 2014, Beginning Bates Number</p>
<p style="text-align: right;">Page 167</p> <p>1 Q. During your work on opioid-related</p> <p>2 issues over the years, have you ever spoken with</p> <p>3 prescribers about their prescribing practices</p> <p>4 regarding prescription opioids?</p> <p>5 A. Personally, other than at a</p> <p>6 conference where maybe we were having a</p> <p>7 discussion because we sometimes had, as you saw,</p> <p>8 the early summits where we would have</p> <p>9 discussions, but individually, not really.</p> <p>10 Q. Do you recall it being a topic at</p> <p>11 some of the conferences?</p> <p>12 A. Yes.</p> <p>13 Q. Number 3 on here is the FDA approval</p> <p>14 of several new and powerful opioid pain</p> <p>15 medications.</p> <p>16 Do you see that?</p> <p>17 A. I do.</p> <p>18 Q. And you listed a similar factor to</p> <p>19 that in your presentation, correct?</p> <p>20 A. Correct.</p> <p>21 Q. The next one is our medication and</p> <p>22 Medicare systems grading hospitals and</p> <p>23 physicians on how effectively they treat pain.</p> <p>24 Do you see that?</p> <p>25 A. I do.</p>	<p style="text-align: right;">Page 169</p> <p>1 CUYAH_012609544 - Marked</p> <p>2 Confidential, was marked for</p> <p>3 purposes of identification.)</p> <p>4 - - - - -</p> <p>5 Q. This is going to be Exhibit 15.</p> <p>6 A. So I'm done with this one</p> <p>7 (indicating)?</p> <p>8 Q. Yes.</p> <p>9 Exhibit 15 is Bates labeled</p> <p>10 CUYAH_012609544.</p> <p>11 A. Okay. I don't know that I know each</p> <p>12 of these bills individually, but okay.</p> <p>13 Q. So this is an e-mail from you to a</p> <p>14 long list of directors and staff?</p> <p>15 A. Correct.</p> <p>16 Q. Dated January 7, 2014, correct?</p> <p>17 A. Correct.</p> <p>18 Q. And this document is a -- is you</p> <p>19 forwarding a summary of legislative proposals</p> <p>20 addressing opiates, correct?</p> <p>21 A. Correct.</p> <p>22 Q. And fair to say that at least some</p> <p>23 of these bills arose out of Representative</p> <p>24 Sprague's committee and report?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 170</p> <p>1 Q. The cover e-mail references in the 2 second line bill briefings by Lisa. 3 Do you see that? 4 A. That's what I was just going to say. 5 Lisa was a staff member of mine. She was doing 6 legislative work. That's what I was going to 7 say. 8 Q. Is she still with OACBHA? 9 A. She is not. She is presently 10 working in the senate. 11 Q. So if you could flip ahead to the 12 page with the Bates ending in 546, the fourth 13 page in, this one is discussing House Bill 332. 14 Do you see that? 15 A. I do. 16 Q. And the document describes House 17 Bill 332 as establishes standards and procedures 18 for opioid treatment of chronic intractable pain 19 resulting from non-cancer conditions and to 20 require that professional disciplinary action be 21 taken for failing to comply with those standards 22 and procedures. 23 Did I read that correctly? 24 A. Correct. 25 Q. And underneath the description of</p>	<p style="text-align: right;">Page 172</p> <p>1 is not a concern legally for OACBHA. It would 2 be a concern in that we represent individuals in 3 recovery, and individuals in recovery should 4 have their entire life be healthy, and if 5 individuals are experiencing pain and can't get 6 appropriate treatment, we would not want to see 7 that happen. So I think how this is 8 characterized is it a concern. So I think it 9 should be a concern of all of us that people can 10 get the treatment that they need, but is it a 11 legal concern that OACBHA or the boards have to 12 deal with, I would say no, that's not their job 13 really. 14 Q. Do you know whether House Bill 332 15 passed? 16 A. Many of these bills were wrapped 17 into a bigger bill and I don't know which parts 18 and pieces of each actually did end up staying. 19 I can tell you that many of these were not 20 passed as individual bills. There was an 21 omnibus bill that was created eventually. 22 Q. Do you recall whether OACBHA took a 23 formal position on HB 332? 24 A. I do not recall that we did. We may 25 have, but I don't recall that specifically.</p>
<p style="text-align: right;">Page 171</p> <p>1 the bill provisions there's a comments section. 2 Do you see that? 3 A. I do. 4 Q. And in the comments section it says 5 in the second bullet point, "There could be 6 issues for those suffering with legitimate 7 chronic pain to obtain prescriptions necessary 8 as doctors could become weary of the provisions 9 that require the State Dental Board, the Board 10 of Nursing, the Board of Optometry, and the 11 Medical Board to take disciplinary action for 12 licensees who violate the provisions of the 13 bill." 14 Did I read that correctly? 15 A. Correct. 16 Q. So those potential issues with 17 people being able to obtain necessary 18 prescriptions, is that a matter of concern for 19 OACBHA? 20 A. Sure. 21 Q. And by extension, is that a matter 22 of concern for the local boards -- 23 MS. SHAYNAK-DIAZ: Object to form. 24 Q. -- that you represent? 25 A. I don't know how to answer this. It</p>	<p style="text-align: right;">Page 173</p> <p>1 Q. And if you flip ahead to the page 2 ending in 556 -- it's the last page of the 3 document. 4 A. Yes. 5 Q. -- this one relates to House Bill 6 369. 7 Do you see that? 8 A. Right. 9 Q. And the document indicates that 10 House Bill 369 is associated with Representative 11 Sprague. 12 Do you see that? 13 A. I do. 14 Q. Under the Bill Provisions, the first 15 bullet point indicates that House Bill 369 would 16 have required boards to establish a full 17 spectrum of care rather than the continuum of 18 care. 19 Do you see that? 20 A. That is correct. 21 Q. What does that mean? 22 A. It meant that each board had to have 23 access to interventions, treatment, housing, 24 medication-assisted treatment. There was a 25 specific continuum of care created and put in</p>

<p style="text-align: right;">Page 174</p> <p>1 statute specific to opiates above and beyond the 2 rest of the continuum of care that boards are 3 responsible for. It also meant they had to be 4 either within their board area or there could be 5 some that were within a -- a mile radius of the 6 board area, like outpatient medication 7 treatment. And that's just an example. So the 8 board had to either have it within the area or 9 they had to have a waiver that it was within a 10 certain amount of travel distance for a couple 11 of them. They had to have MAT, they had to have 12 outpatient treatment, they had to have 13 residential treatment, they had to have housing, 14 and there's a fifth one and I should really know 15 it and I don't remember it. 16 Q. And that's as opposed to a continuum 17 of care? 18 A. No. They had to have a continuum of 19 care, but there were -- these specific ones had 20 to be within the board area. 21 Q. Okay. 22 A. So there are boards that contract 23 with other boards or in other places for some 24 services. This required a certain set of opiate 25 continuum to be right in a given board area.</p>	<p style="text-align: right;">Page 176</p> <p>1 Q. And under the comments it says, 2 "This legislation, if enacted, could have 3 tremendous impacts on the boards." 4 Do you see that? 5 A. I do. 6 Q. And what would -- what were those 7 tremendous impacts? 8 A. Well, funding, first of all. Some 9 boards didn't have every service. Funding was a 10 problem. The concern with losing money. Some 11 of our boards who tried to bring up recovery 12 housing experienced some not in my backyard kind 13 of experience, so it was an issue. 14 Medication-assisted treatment could become an 15 issue because there are some very rural counties 16 that don't have any doctors that are able to 17 prescribe medication-assisted treatment. So 18 that could be a problem. So yeah, there were 19 some concerns about this, and we managed to work 20 with the department and the legislature. This 21 bill did, in fact, pass. 22 Q. I was going to ask, did it, in fact, 23 pass? 24 A. Yes. I don't know if it was this 25 bill or if it was part of the omnibus, but this</p>
<p style="text-align: right;">Page 175</p> <p>1 Q. And the third bullet point there 2 indicates that the bill would have required the 3 Ohio MHAS director to withhold the funds 4 allocated -- 5 A. That's correct. 6 Q. -- to an ADAMHS board if the board 7 did not provide that full spectrum of care? 8 A. And that's -- whereas I don't know 9 that it was here, but the waiver was allowed in 10 a few certain cases, so that never -- that never 11 happened, although the continuum is required, 12 that was passed. 13 Q. And this bill also would have 14 required each board to provide recovery housing? 15 A. That's correct. 16 Q. And what's recovery housing? 17 A. There's many different definitions, 18 but basically they were looking for housing for 19 individuals who were in recovery from, in this 20 particular case, an opiate addiction. It didn't 21 matter whether it was drugs or -- I mean 22 prescription drugs or heroin, but to be in 23 recovery. It was expanded to allow people in 24 recovery from any addiction but they had to have 25 recovery housing.</p>	<p style="text-align: right;">Page 177</p> <p>1 section did, in fact, pass, yes. 2 Q. So the full spectrum of care is now 3 required? 4 A. Correct. 5 Q. And the recovery housing, is that 6 required? 7 A. That is correct. 8 Q. Did the state -- strike that. 9 So if you go down to the section at 10 the bottom that says, "The following conditions 11 apply" on the last page of the document -- 12 A. Okay. 13 Q. -- the second bullet point up from 14 the bottom indicates that the state would 15 provide funding for recovery housing for two 16 years? 17 A. Correct. 18 Q. And did the state, in fact, do that? 19 A. Yes. They have and they've 20 continued on past that because of some of the 21 federal grants that they've received. 22 Q. So they're using federal money to do 23 that? 24 A. They are using some of both. 25 There's some state capital funds for building</p>

<p style="text-align: right;">Page 178</p> <p>1 things and then there is some additional federal 2 funds for building and then there is some -- 3 Medicaid will fund some, and then there's some 4 that is federal funding. So yeah. It's been a 5 fairly robust funding system because of all the 6 additional federal funds that have come to Ohio. 7 Q. Are the boards responsible for 8 funding? 9 A. In some cases. By law, boards can 10 determine what they want to use their local 11 levies for unless there was specific language 12 within their levy that required them to use it 13 for a specific project. And let me also say, 14 there are some funds, if they choose to take 15 them, that they have to spend on recovery 16 housing as well from the state. If they take 17 them from the state, that's what it's required 18 to be utilized for. 19 Are we done with this one 20 (indicating)? 21 Q. Yes. 22 - - - - - 23 (Thereupon, Walter Deposition 24 Exhibit 16, E-Mail String Bates 25 Numbered SUMMIT_001090134, was</p>	<p style="text-align: right;">Page 180</p> <p>1 A. Correct. 2 Q. And Mr. Craig, as I think we said 3 before, is the executive director of Summit 4 County ADM Board, correct? 5 A. Correct. 6 Q. Were you aware prior to this e-mail 7 from Mr. Craig that Summit County was 8 considering filing a lawsuit seeking damages for 9 the opioid epidemic? 10 MS. KEARSE: Object to form. 11 A. Summit County specifically, maybe. 12 I knew that different counties had been talking 13 about it. I had heard from a couple of 14 different directors, so I may well have heard 15 from Jerry, but I had heard from other 16 directors. I knew that there was discussion in 17 many circles about either the state or 18 individual counties suing. 19 Q. Was there potential of potential 20 lawsuits to recover damages for the opioid 21 epidemic at OACBHA board meetings? 22 A. There was one that I'm aware of, and 23 basically after learning that some of the 24 counties were, in fact, filing a lawsuit, at one 25 of our membership meetings one of our directors</p>
<p style="text-align: right;">Page 179</p> <p>1 marked for purposes of 2 identification.) 3 - - - - - 4 Q. This is going to be Exhibit 16. 5 I'll say for the record Exhibit 16 is the Bates 6 number SUMMIT_001090134. 7 Do you recognize this document? 8 A. I do. 9 Q. This is -- the top -- this is an 10 e-mail chain, with the top e-mail from you to 11 Mr. Craig dated November 2nd, 2017, correct? 12 A. Correct. 13 Q. And do you remember this particular 14 e-mail conversation? 15 A. I do. 16 Q. And the e-mail chain starts with an 17 e-mail from Mr. Craig to you, correct? 18 A. Correct. 19 Q. And in his first paragraph Mr. Craig 20 says, "Cheri, you are likely aware that our 21 county executive has been laying the groundwork 22 for a lawsuit against big pharma (for a lack of 23 a better term) to seek damages for the cost of 24 this epidemic." 25 Did I read that correctly?</p>	<p style="text-align: right;">Page 181</p> <p>1 asked if we should be involved. I said let me 2 do a little bit of research. I actually spoke 3 with folks at the County Commissioners 4 Association and found out they were not taking a 5 position. So I went and advised my boards that 6 we should not get involved and we should not 7 take a position. This should be individual 8 counties that make these decisions. And that 9 was as far as we ever went with being involved, 10 unless somebody asked me a specific question 11 like this, but, I mean, we as an association 12 made the determination not to be -- to be a 13 party of the lawsuit and decided not to 14 recommend to our boards one way or the other 15 whether they should be either. 16 Q. And when you say party to the 17 lawsuit, you mean an actual plaintiff in the 18 lawsuit? 19 A. Yes, either/or. We decided not to 20 be a party in general. 21 Q. You were just not taking a position 22 on the lawsuit? 23 A. We were not taking a position. 24 Q. In your response to Mr. Craig, you 25 said, "I have talked with several folks since</p>

<p style="text-align: right;">Page 182</p> <p>1 the AG came out with his plan to litigate and 2 with his 12 point plan, to utilize the funds." 3 Do you see that? 4 A. I do. 5 Q. What plan to litigate are you 6 referring to there? 7 A. We had heard -- I don't know exactly 8 what it was -- that he was looking at a lawsuit 9 across the board in general, and that was after 10 he had come out -- he had a 12-point plan that 11 was not just lawsuit related about opiates, 12 so -- 13 Q. And how did you learn about that 14 plan? 15 A. The 12 point plan? Oh, he was very 16 public about it. I was probably at a meeting 17 where he introduced it, frankly. 18 Q. And how did you learn about the 19 lawsuit? 20 A. You know, I don't know specifically. 21 There were so many discussions around it. I 22 just don't know at what point in time I knew 23 about it. 24 Q. When you say "discussions" -- 25 A. I mean just informally I talked to a</p>	<p style="text-align: right;">Page 184</p> <p>1 from you to Mr. Craig dated May 3rd, 2018. 2 Do you see that? 3 A. I do. 4 Q. Do you remember this e-mail 5 conversation with Mr. Craig? 6 A. I do. 7 Q. And the e-mail chain starts with an 8 e-mail from you to Mr. Craig and Mr. Osiecki 9 asking if they would be willing to meet with Tim 10 Maglione. 11 Do you see that? 12 A. I do. 13 Q. Did I pronounce his last name 14 correctly? 15 A. Correct. 16 Q. Okay. How do you know Mr. Maglione? 17 A. I know him from his previous job and 18 I have met him since, but -- he was at the 19 medical board. I don't know. I had met him 20 previously, so I knew Tim. 21 Q. And when you say "his previous job," 22 what are you referring to? 23 A. I can't remember if he was -- maybe 24 he's with the medical board now. I had just met 25 Tim. I don't remember.</p>
<p style="text-align: right;">Page 183</p> <p>1 lot of different people. I could have been 2 talking with someone at the Attorney General's 3 office. As I said, I had heard from different 4 board directors. You know, they would call me 5 up and say, hey, our county is thinking about 6 this, what do you think we should do about it. 7 And that was why I said to Jerry I think we 8 should have this conversation. I mean -- and it 9 wasn't even just one county. It wasn't even -- 10 it wasn't the counties we've referred to here, 11 Cuyahoga or Summit. I mean, I heard from a lot 12 of different counties, little counties, and they 13 just -- people weren't sure what they should do. 14 Q. And did you have any -- strike that. 15 - - - - - 16 (Thereupon, Walter Deposition 17 Exhibit 17, E-Mail String Beginning 18 Bates Number SUMMIT_001104515, was 19 marked for purposes of 20 identification.) 21 - - - - - 22 Q. This is going to be Exhibit 17, 23 which is an e-mail chain Bates labeled 24 SUMMIT_001104515. 25 And the top e-mail on this chain is</p>	<p style="text-align: right;">Page 185</p> <p>1 Q. And so the first line of your e-mail 2 says, "Jerry and Scott, would the two of you be 3 willing to meet with Tim Maglione, Tim works as 4 the senior director of government relations for 5 the Ohio State Medical Association and he is 6 working and they are working with some of the 7 folks who are representing the counties involved 8 in suing the pharmaceutical companies." 9 Do you see that? 10 A. I do. 11 Q. What was Mr. Maglione's role with 12 respect to those counties and their lawsuits? 13 A. I don't know what his role is with 14 those counties because we never had a meeting 15 with those two. I met with Tim, and it seemed 16 to me he wanted to talk about how to utilize the 17 funds if, in fact, the lawsuit went forward. 18 Q. Do you have an understanding of why 19 he reached out to you specifically? 20 A. Probably just because I've been 21 around and I've done all the opiate conferences 22 and so forth and people know me in this space, 23 so I'm guessing -- plus, I think the thinking 24 was that if there was money, it would roll back 25 down through the boards because we as an</p>

<p style="text-align: right;">Page 186</p> <p>1 association constantly reference the fact that 2 we think local moneys for drugs and alcohol or 3 mental health treatment should go through the 4 boards as the local administrators and planners 5 of services. So, I mean, I'm pretty consistent 6 about that in all topics when it comes to 7 finances. I did not go to the Cleveland area, 8 though. Tim met with me in my office. 9 Q. And then the next sentence, you 10 said, "He came and met with us" -- 11 A. Yeah. 12 Q. -- "as they wanted to know what the 13 role of the boards are and how they could help 14 in educating judges on the opiate issues." 15 Do you see that? 16 A. I do. 17 Q. So what did you mean by "what the 18 role of the boards are" in that context? 19 A. I don't think he ever -- this had 20 nothing to do with the lawsuit. This was the 21 general role of the boards, like the community 22 boards, community benefits. And I still think 23 sometimes people don't understand what boards 24 really do do. 25 It, also -- part of the discussion</p>	<p style="text-align: right;">Page 188</p> <p>1 county commissioners do not have oversight of a 2 local board. They are their own stand-alone 3 entity. 4 Q. In the first sentence of that 5 paragraph -- 6 A. Which page are we on, 16? 7 Q. Yes, still that page. 8 -- you reference "folks who are 9 representing the counties involved in suing the 10 pharmaceutical companies." 11 Do you see that? 12 A. Which is that? 13 Q. It's the third sentence -- or third 14 line down in the first paragraph. 15 A. And he is working -- and they are 16 working with some of the folks who -- okay. 17 Yes. 18 Q. Who were those folks that are 19 representing the counties? 20 A. He had a couple people come with 21 him. I don't know who they were. I don't. I'm 22 trying to think who Tim brought with him. I 23 honestly don't remember. 24 Q. Were they lawyers? 25 A. Maybe. I honestly don't remember</p>
<p style="text-align: right;">Page 187</p> <p>1 was back to another piece of paper you had given 2 me earlier -- I saw it -- boards are their own 3 entities, they're not part of county government, 4 they're their own entities, and I don't think 5 people necessarily understand that moving 6 forward, and so there was some confusion as to 7 how was the board connected to the county versus 8 not being connected to the county, and we tried 9 to -- I tried to explain what their role was in 10 that they were a stand-alone entity. 11 Q. Stand-alone entity in what respects? 12 A. The boards do not report up through 13 the county commissioners. They have their own 14 boards. They are not responsible, which is why 15 there was a lot of confusion whether boards were 16 part of lawsuits, not part of lawsuits, did they 17 choose to be part of lawsuits. The county 18 commissioners appoint a percentage, let's just 19 say 14 -- there's 14 members. They would 20 appoint six of the board members. The 21 department would appoint eight of the -- no. 22 The other way around. Sorry. The county 23 commissioners would appoint eight and the 24 department would appoint six. So they appoint 25 members of the board, but other than that,</p>	<p style="text-align: right;">Page 189</p> <p>1 who he brought with him. 2 Q. And then in the second paragraph, 3 and I think this is what you were alluding to, 4 your last sentence of that second paragraph 5 says, "They are also looking at how they want to 6 recommend that the money being earned from the 7 lawsuits would be distributed. I have already 8 let him know that I believe it needs to go 9 through the boards." 10 A. Correct. That is correct. 11 Q. Is that the position you articulated 12 a few minutes ago? 13 A. Correct. 14 Q. Do you know what type of damages 15 or -- strike that. 16 Do you know the basis for the 17 damages that the counties are claiming in these 18 lawsuits? 19 A. I do not. I mean, I don't know 20 what -- maybe I do. I don't know amounts or 21 anything like that. I know that they've said 22 the reason that they have a suit is because of 23 the number of people in the child welfare system 24 or the number of people in the court system or 25 in the jails. If that's what you're referring</p>

<p style="text-align: right;">Page 190</p> <p>1 to, yeah, I've heard that. I've not heard 2 anything beyond that.</p> <p>3 Q. So do you know whether all of the 4 expenditures they're seeking to recover were 5 expenditures by the boards or were they also 6 expenditures by other governmental entities?</p> <p>7 A. Assuming what I heard is correct, it 8 would be other governmental agencies because our 9 boards don't fund the court system, our boards 10 don't fund child welfare. I mean, they may fund 11 something within, but they're not the overall 12 funder.</p> <p>13 Q. Got it.</p> <p>14 With respect to those expenditures 15 by other governmental entities like the courts 16 or child services, do you think that money 17 should go to the boards, too?</p> <p>18 A. No. No. I'm talking specifically 19 treatment services, prevention services.</p> <p>20 Q. Mr. Craig, in his response to you --</p> <p>21 A. Where are we at now?</p> <p>22 Q. On page 15. The middle of the page 23 starts his response.</p> <p>24 A. Got it.</p> <p>25 Q. In his second paragraph he says, "On</p>	<p style="text-align: right;">Page 192</p> <p>1 say -- you said, "Additionally, I will put this 2 on the executive council agenda as it will 3 impact all boards if the lawsuits are rolled 4 into a single settlement."</p> <p>5 Do you see that?</p> <p>6 A. I do.</p> <p>7 Q. And did you, in fact, discuss these 8 lawsuits in the executive council?</p> <p>9 A. Again, maybe -- most likely, but we 10 didn't discuss individual lawsuits. I think the 11 discussion was I had met with Ted Maglione, and 12 if these get rolled up, that we were already 13 advocating for the fact that money should come 14 out through the boards would have been the 15 discussion.</p> <p>16 Q. And when you say "out through the 17 boards," what does that mean?</p> <p>18 A. If treatment money comes down, we 19 believe -- again, if Children Services gets a 20 percentage, if law enforcement, whatever, but if 21 there's going to be money that's specific to 22 treatment or recovery housing or prevention, we 23 do believe that should go through the boards as 24 we do believe boards are in the position to 25 plan, again, and administer local services, and</p>
<p style="text-align: right;">Page 191</p> <p>1 a related note, I continue to have concerns 2 about what role the boards have with regard to 3 participation (as a county entity) in our 4 county's lawsuit. We are being asked for a 5 boatload of information from the attorneys 6 representing the county and there is a 7 presumption that we will cooperate and provide 8 anything they request from us. I'm concerned 9 that we are being dragged into this lawsuit as a 10 key witness and source of expenditures, et 11 cetera, without representation and without our 12 agreement to participate."</p> <p>13 Do you see that?</p> <p>14 A. I do.</p> <p>15 Q. And did you discuss further with 16 Mr. Craig his concerns about, as he puts it 17 here, being dragged into the lawsuit as a key 18 witness and source of expenditures?</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. Maybe. If I did, it was in a 21 general sense because by that point we had 22 already made a decision that we weren't taking a 23 position on local county politics.</p> <p>24 Q. In your response to Mr. Craig at the 25 top of the page, in your second paragraph you</p>	<p style="text-align: right;">Page 193</p> <p>1 if it didn't go through the boards, we were 2 concerned there could be a duplication of 3 services in some places or somebody might not 4 know what the most critical need in the county 5 is if it didn't go through the board.</p> <p>6 Q. And that's because the board is in 7 the best position to identify the critical needs 8 in the county and distribute the money 9 accordingly?</p> <p>10 A. Yes, that's our belief.</p> <p>11 Q. To your knowledge, did a meeting 12 with -- a meeting between Mr. Craig and Tim 13 Maglione ever happen?</p> <p>14 A. You know, I am not sure. I am not 15 sure. I know that if one happened, I didn't go.</p> <p>16 Q. One more question on this.</p> <p>17 A. Sure.</p> <p>18 Q. Your last paragraph references "Tony 19 and I met with Tim."</p> <p>20 Do you see that?</p> <p>21 A. Yeah, I do.</p> <p>22 Q. Who is Tony?</p> <p>23 A. Tony would have been -- oh, God. 24 I'm having a brain freeze. Tony just left my 25 staff. Tony Coder. Tony Coder was on my staff.</p>

<p style="text-align: right;">Page 194</p> <p>1 MS. McNAMARA: Ms. Walter, thank you 2 very much for your time. That's all I have. I 3 will have to hand you over to my colleagues. 4 THE WITNESS: Yes. I hear there's 5 some other questions. Yes. Thank you. 6 THE VIDEOGRAPHER: Off the record, 7 1:59. 8 (Recess had.) 9 THE VIDEOGRAPHER: On the record, 10 2:06. 11 EXAMINATION OF CHERI WALTER 12 BY MR. CRAWFORD: 13 Q. Good afternoon, Ms. Walter. My name 14 is Kyle Crawford and I'm an attorney who 15 represents CVS Indiana and CVS Rx Services. 16 A. Okay. 17 Q. Just for simplicity, I'll refer to 18 those as CVS. 19 A. Okay. Yep. 20 Q. Have you heard of CVS Indiana? 21 A. No. 22 Q. Have you heard of CVS Rx Services? 23 A. No. I mean, I've heard of CVS, but 24 not specifically that it's consciously -- no. 25 Q. And do you have any understanding of</p>	<p style="text-align: right;">Page 196</p> <p>1 the pharmacies are a part of this lawsuit? 2 A. In the bigger picture, I guess -- I 3 don't understand. I don't know why you're here. 4 I didn't know you were part of the lawsuit. I 5 mean, I -- I guess I said it because I didn't 6 know you were part of this lawsuit. 7 Q. And so during your time at OACBHA 8 have you ever communicated with anyone from CVS 9 about the opioid epidemic? 10 A. Me personally, I don't think so. 11 Q. What about anyone from your 12 organization? 13 A. The only reason maybe is through a 14 conference, and there was a talk at one point -- 15 I know, for example, that we talked with the 16 Kroger pharmacy, so I don't know who else, but 17 we were putting some of the Don't Get Me Started 18 website stuff on the prescription drug bags to 19 help people with the campaign, and I don't -- I 20 cannot say for sure no one ever talked to CVS, 21 but that's what it would have been about and 22 only that. 23 Q. So you think it's possible that 24 someone spoke to CVS, but do you have a specific 25 recollection of someone speaking --</p>
<p style="text-align: right;">Page 195</p> <p>1 why CVS is named as a defendant in the opioid 2 lawsuits? 3 A. No. 4 Q. Do you have any understanding of why 5 Rite-Aid is named as a defendant in the opioid 6 lawsuits? 7 A. Other than what I would deduce, but 8 no, not factually, I do not. 9 Q. And what about Walgreens? 10 A. Nope. 11 Q. And Walmart? 12 A. Nope. 13 Q. And so I want to go back to 14 something you said at the very beginning of this 15 deposition, which is you said something along 16 the lines of you didn't understand why the 17 pharmacies were here. 18 Do you remember that? 19 A. Yeah. I believe I said that, yes, 20 because I was confused as to why you were here. 21 Q. What do you mean by that? 22 A. Apparently I did not know you were 23 part of this lawsuit so I didn't know why you 24 were in this particular deposition. 25 Q. And so why are you surprised that</p>	<p style="text-align: right;">Page 197</p> <p>1 A. I do not personally, no. 2 Q. So you have no idea who that would 3 have been at OACBHA who would have spoken to 4 somebody at CVS? 5 A. It probably wouldn't have been 6 somebody from OACBHA. It might have been the 7 department who was having some of those 8 discussions with people on behalf of the Don't 9 Get Me Started campaign. 10 Q. And what do you believe the content 11 of that communication would have been? 12 A. Again, the only thing that I've ever 13 known to talk to any pharmacy about was putting 14 some information on the pharmacy bags, if you 15 were having a problem, where to get help. It 16 had nothing to do with the actual pharmaceutical 17 giving of medication. It was just the pharmacy 18 bag and as a carrier of information. 19 Q. And do you know if you or anyone 20 from OACBHA has spoken with someone from 21 Rite-Aid about the opioid crisis? 22 A. No, not that I'm aware of. 23 Q. What about Walgreens? 24 A. Not that I'm aware of. 25 Q. And what about Walmart?</p>

<p style="text-align: right;">Page 198</p> <p>1 A. Again, none of those that I am</p> <p>2 personally aware that somebody from OACBHA would</p> <p>3 have the discussion.</p> <p>4 - - - - -</p> <p>5 (Thereupon, Walter Deposition</p> <p>6 Exhibit 18, Ohio Prescription Drug</p> <p>7 Abuse Task Force Final Report, Task</p> <p>8 Force Recommendations, Dated October</p> <p>9 1, 2010, was marked for purposes of</p> <p>10 identification.)</p> <p>11 - - - - -</p> <p>12 MR. CRAWFORD: I apologize. I don't</p> <p>13 have any more copies.</p> <p>14 Q. This is the Ohio Prescription Drug</p> <p>15 Abuse Task Force Final Report Dated October 1st,</p> <p>16 2010.</p> <p>17 Do you see that?</p> <p>18 A. I do.</p> <p>19 Q. And this is Bates number</p> <p>20 OACBHA_58028.</p> <p>21 A. Okay.</p> <p>22 Q. I'd like you to go to the very end</p> <p>23 of this document, to page 5802 -- I'm sorry.</p> <p>24 There's two sets of numbers. So if you look at</p> <p>25 the top number. I'd like you to go to 58095,</p>	<p style="text-align: right;">Page 200</p> <p>1 remember.</p> <p>2 Q. So let's go back to the report</p> <p>3 itself.</p> <p>4 Have you seen this report before?</p> <p>5 A. Most likely, yes. I mean, I don't</p> <p>6 remember it. It's nine years old. But yes.</p> <p>7 Most -- I'm guessing I did, yes.</p> <p>8 Q. Were you involved in drafting this</p> <p>9 report?</p> <p>10 A. I was not.</p> <p>11 Q. I'd like to turn your attention to</p> <p>12 page 73 of the report, which is Bates number</p> <p>13 58085. The second to last name on that page --</p> <p>14 A. I see that, yes.</p> <p>15 Q. -- is Stacey Frohnafel-Hasson.</p> <p>16 Do you see that?</p> <p>17 A. I do.</p> <p>18 Q. From the Ohio Association of County</p> <p>19 Behavioral Health Authorities.</p> <p>20 A. I see that.</p> <p>21 Q. And the document indicates that she</p> <p>22 was a member of the Public Health Work Group.</p> <p>23 Do you see that?</p> <p>24 A. I do.</p> <p>25 Q. Do you know what Ms. Hasson did as a</p>
<p style="text-align: right;">Page 199</p> <p>1 which is an executive order.</p> <p>2 A. I'm sorry. 58095?</p> <p>3 Q. 58028, and that's the bottom of the</p> <p>4 --</p> <p>5 A. I got it.</p> <p>6 Q. And this is Executive Order 2010-4S,</p> <p>7 establishing the Ohio Prescription Drug Abuse</p> <p>8 Task Force.</p> <p>9 Do you see that?</p> <p>10 A. I do.</p> <p>11 Q. Have you seen this executive order</p> <p>12 before?</p> <p>13 A. Possibly. I mean, honestly,</p> <p>14 possibly.</p> <p>15 Q. And if you go to the page 5 of 5 of</p> <p>16 this executive order, paragraph number 8, do you</p> <p>17 see that it's signed on April 2nd, 2010?</p> <p>18 A. I do.</p> <p>19 Q. By Governor Strickland?</p> <p>20 A. I do.</p> <p>21 Q. Did you know that Governor</p> <p>22 Strickland was going to sign an executive order</p> <p>23 having to do with opioids before April 2nd,</p> <p>24 2010?</p> <p>25 A. I don't remember. I just do not</p>	<p style="text-align: right;">Page 201</p> <p>1 member of the Public Health Work Group?</p> <p>2 A. I do not.</p> <p>3 Q. Did she know that she was a member</p> <p>4 of the Public Health Work Group?</p> <p>5 A. I'm sure I did if she was working</p> <p>6 for me at the time, yes.</p> <p>7 Q. Do you know what she did as a member</p> <p>8 of the Public Health Work Group?</p> <p>9 A. I do not. She is a -- for us she</p> <p>10 was doing our promotional campaign kind of</p> <p>11 stuff, so I would assume it was something around</p> <p>12 that, public health. I'm not exactly sure.</p> <p>13 Q. If then you look to page 74, do you</p> <p>14 see Liz Henrich's name?</p> <p>15 A. I do.</p> <p>16 Q. And the document indicates that she</p> <p>17 was a member of the treatment work group.</p> <p>18 Do you see that?</p> <p>19 A. I see that.</p> <p>20 Q. Did you know that she was a member</p> <p>21 of the treatment work group?</p> <p>22 A. I'm sure at the time I did, yes.</p> <p>23 Q. Do you know what her involvement was</p> <p>24 with the treatment work group?</p> <p>25 A. Other than as a member of the</p>

<p style="text-align: right;">Page 202</p> <p>1 committee, no. I mean, I'm -- again, in both 2 cases I would assume they talked about what 3 boards do and what their role is, but neither of 4 them are clinicians, so neither of them would 5 have been talking from a clinical point of view. 6 Liz has never been a clinician. Neither has 7 Stacey. 8 Q. Did you know that this report was 9 being drafted before it was published? 10 A. I'm assuming, since I had staff on 11 both of those at some point, I knew that, yes. 12 Q. Did you have any involvement 13 whatsoever, not necessarily writing the words in 14 the report but did anyone ask you for any 15 information or call you to talk to you about the 16 report before it came out? 17 MS. KEARSE: Object to form. Asked 18 and answered. 19 A. I'm going to assume if I had two 20 staff members on it, that at some point in time 21 they both talked to me about this, yes. 22 Q. Do you know how far in advance 23 before this report came out they became 24 involved? 25 A. No. I don't even remember it, so</p>	<p style="text-align: right;">Page 204</p> <p>1 would have recognized there was an opiate issue. 2 Whether or not I would have called it an 3 epidemic at that point in time I can't respond 4 to. 5 Q. And what's the difference between an 6 opiate issue and an opiate epidemic? 7 A. I would have told you there was an 8 alcoholism issue at this time. I wouldn't 9 tell -- I might tell you there's an alcoholism 10 epidemic. But I would have told you there was 11 issues with cocaine and there was issues with 12 methamphetamine, but I don't think we described 13 any of them at this point in time as an 14 epidemic. 15 Q. So do you disagree with what this 16 white paper indicates, that as of January 2007 17 that there was an opiate epidemic? 18 A. I don't agree or disagree. I'm not 19 aware of this paper at that point in time and I 20 can't tell you what I thought in 2007. 21 Q. But this white paper indicates there 22 was an opiate epidemic as of January 2007? 23 MS. KEARSE: Object to form. 24 THE COURT REPORTER: Did you answer? 25 THE WITNESS: I did.</p>
<p style="text-align: right;">Page 203</p> <p>1 no, I do not. 2 Q. You can put that document away. I 3 want to go back to Exhibit 5, which is the 4 opiate pharmacotherapy white paper. I'd like 5 you to go to page 6 of this white paper. 6 MS. KEARSE: I objected to it the 7 last time because the witness is not familiar 8 with this paper or seen it before and I object 9 to asking her questions substantively about the 10 document. 11 Q. And you see above where it says, 12 "Importance to ADAMH," the last bullet point 13 that starts with, "The opiate epidemic is 14 creating additional burdens on this already 15 taxed system." 16 Do you see that? 17 A. Correct. 18 Q. And I understand that you don't 19 remember seeing this paper? 20 A. I just don't remember it, yeah. 21 Q. But as of January of 2007, is it 22 consistent with your understanding that there 23 was an opiate epidemic? 24 MS. KEARSE: Object to form. 25 A. I will say that in December of '07 I</p>	<p style="text-align: right;">Page 205</p> <p>1 THE COURT REPORTER: And what was 2 your answer? 3 THE WITNESS: The last question? 4 THE COURT REPORTER: Yes. 5 THE WITNESS: Did I think there was 6 an opiate epidemic in 2007. I said I can't 7 respond to what I thought in 2007? 8 Q. Let's go back then because the last 9 question -- 10 MR. CRAWFORD: Do you mind reading 11 back the last question that I asked? 12 (Record read.) 13 A. I agreed that the white paper stated 14 that. 15 Q. So in response to Ms. McNamara's 16 questions about some of your discussions about 17 the opioid lawsuit, you said that the opioid 18 lawsuit was the topic of one OACBHA board 19 meeting. 20 Do you remember that? 21 A. I don't think that I said it was 22 just one. It was on the agenda as specifically 23 one, yeah. 24 Q. Do you remember when approximately 25 it was on the agenda of a board meeting?</p>

<p style="text-align: right;">Page 206</p> <p>1 A. The lawsuit, no. We sent all our 2 minutes. I'm not sure which one specifically it 3 was on. It may have come up at others. I mean, 4 we made a decision, so -- no, I don't know which 5 meeting. 6 Q. And you also said that one of your 7 directors asked about the opioid lawsuit, which 8 is why -- which is why it became a topic of one 9 of the meetings. 10 Do you remember that? 11 A. That's not exactly, I don't believe, 12 what I said. I said at different times 13 several -- I said there were meetings where 14 somebody would ask that question, but yes, it 15 had become a topic of conversation because 16 different directors were being contacted by 17 their local counties or commissioners or they 18 were hearing from other directors that something 19 was going on. 20 Q. And do you remember which specific 21 directors had asked about the opioid lawsuit? 22 A. I know that one of them was Jim 23 Adams in Geauga County. I believe one of them 24 was -- I'm pretty sure one of them was Penny 25 Dehner in Paint Valley. There may have been</p>	<p style="text-align: right;">Page 208</p> <p>1 Q. So other than information in 2 response to a subpoena, have you given any other 3 information to any county in relation to the 4 opioid lawsuit? 5 A. Given -- I mean, in response to -- 6 as I said, I talked to some of them. I had 7 questions. I let them know what I had talked to 8 the county commissioners about. I don't know 9 that anybody has specifically asked me to give 10 them information about the lawsuit. I don't 11 think so. 12 Q. Have you read the complaint? 13 A. I have not. 14 Q. Earlier -- and when I try and 15 summarize what you've said, my intention is not 16 to quote you, and if I do it incorrectly, please 17 let me know, but I heard you say the GA, meaning 18 the general assembly, could have taken measures 19 to abate the opioid epidemic. 20 Do you remember saying that? 21 A. I remember it in response to a 22 specific question on a specific paper, yes, I 23 said that. 24 Q. And what measures were you referring 25 to?</p>
<p style="text-align: right;">Page 207</p> <p>1 others. Those are two for some reason I 2 remember. Paint Valley is -- which county is 3 that? It's like Chillicothe, that area. 4 There's five counties in there. 5 Q. And have any of the counties asked 6 you for any information related to the opioid 7 lawsuits? 8 A. Only Summit -- I was asked to give 9 Summit and Cuyahoga County the same thing that I 10 was asked for here. That was the only 11 information I had been asked to give. The 12 request for information that came from you all, 13 I was asked to give that same information to 14 Cuyahoga and Summit County. That's the only 15 information I've given them. 16 Q. And do you mean you were asked to 17 give that same information to Defendants at the 18 same time as the Plaintiffs? 19 A. After. After they found out that we 20 had been asked to -- we had been asked -- 21 because I obviously told my executive council we 22 had received a subpoena. I was asked then by 23 those two counties to give them copies of what 24 we had given in response to the subpoena. It 25 was after the fact.</p>	<p style="text-align: right;">Page 209</p> <p>1 A. I don't know that I was referring to 2 any specific measure. I was responding to -- to 3 -- in my mind probably I was thinking that 4 financially they could have given boards more 5 money for treatment, but I was responding to a 6 specific question on a specific comment in a 7 piece of paper. 8 Q. And so generally speaking, what 9 measures -- and so let's put that document 10 aside. 11 A. Got it. 12 Q. Generally speaking, what measures do 13 you believe that the State of Ohio should have 14 taken to abate the opioid epidemic? 15 A. I think we could have done more 16 education around it. I think we could have put 17 more funding to treatment. When we closed pill 18 mills, we knew -- those of us in the treatment 19 community knew there would be an outbreak of 20 heroin. I think we could have done more there. 21 I mean, this is all personal opinion you're 22 asking me for now. I think that we probably 23 could have done more educating people about 24 locking up their drugs early on. I think we 25 could have done some more harm reduction. I</p>

<p style="text-align: right;">Page 210</p> <p>1 think we could have dealt with that. I think we 2 could have dealt with doctor's concern about the 3 5th vital sign. I mean, I think there are 4 things that could have been done. I don't know 5 who was ultimately responsible for doing that. 6 Q. And so I heard you say that -- 7 something about the shutdown of pill mills 8 leading to an outbreak of heroin. What do you 9 mean by that? 10 A. I mean that a good addict -- and I 11 can say that because I'm in recovery -- a good 12 addict, if you take away their drugs, will find 13 another drug to replace it unless they get 14 treatment; and we closed pill mills without 15 necessarily referring everybody that was getting 16 their drugs through the pill mill to treatment, 17 and so there were many of us that assumed that 18 they would find other drugs. And we saw an 19 increase in heroin, we've now seen an increase 20 in meth and cocaine. I don't think a lot of us 21 were surprised to see that happen. 22 Q. And so do you think that the State 23 of Ohio should have created a strategy to treat 24 folks once they shut down the pill mills? 25 A. Yes, I do.</p>	<p style="text-align: right;">Page 212</p> <p>1 didn't have enough docs who were trained in 2 medication-assisted treatment to be able to 3 provide those services. I just think we could 4 have done more. 5 Q. And one of the consequences of not 6 having these treatment strategies in place is 7 that addicts turned to heroin? 8 MS. KEARSE: Object to form. 9 A. I believe that's true and so do many 10 others, yes. But I'm going to also say not 11 everybody who lost access to their pills wanted 12 treatment either, so it's not like everybody 13 wanted access to treatment. I just think that 14 that's one. 15 Q. Now I want to turn back to some of 16 the opioid conferences that we discussed. 17 Has the opioid lawsuits ever been a 18 topic at one of OACBHA's opioid conferences? 19 A. I don't think so, but I honestly 20 don't review each and every single presentation, 21 but I don't think so. 22 Q. And so will it be a topic at this 23 upcoming year's conference? 24 A. No, not that I'm aware of. It is 25 not. I mean, I've had a brief review, but I</p>
<p style="text-align: right;">Page 211</p> <p>1 MS. SHAYNAK-DIAZ: Object to form. 2 Q. And what strategy -- what treatment 3 strategies do you think Ohio should have taken? 4 A. I think we -- we knew there wasn't 5 enough treatment capacity that if everybody who 6 was being given drugs through pill mills decided 7 they wanted treatment, there was not enough 8 capacity in Ohio to treat them all. 9 Q. And what is your understanding of 10 when the State of Ohio began to shut down pill 11 mills? 12 A. Let's see. It was after Kasich 13 became governor and Mr. DeWine became AG. I'm 14 guessing around '12 or '13. I don't honestly 15 know the exact date. It was early on in their 16 administration. 17 Q. So in or around 2012, 2013, when the 18 State of Ohio began shutting down pill mills, 19 you believe the state should have come up with 20 some treatment strategies? 21 MS. SHAYNAK-DIAZ: Object to form. 22 A. More treatment strategies, yes. 23 Q. What kind of treatment strategies? 24 A. Again, I think they needed to fund 25 an appropriate level of access to services. We</p>	<p style="text-align: right;">Page 213</p> <p>1 don't think so, no. 2 Q. Has anyone asked to present on the 3 opioid lawsuits? 4 A. I don't think so, no. 5 Q. Early on you mentioned that 49 of 51 6 counties are members of OACBHA. 7 Do you remember that? 8 A. Correct. 9 Q. What are those two non-member 10 counties? 11 A. Franklin and Hamilton. 12 Q. And why are they not members? 13 A. As I understand it, their concern 14 was that they are so much bigger than -- 15 although Cuyahoga stayed -- they did not always 16 feel that some of the decisions by the other 17 counties were meeting their needs. 18 Q. I'm going to get the name wrong and 19 I apologize. Your attorney here is 20 Ms. Shaynak-Diaz? 21 A. Correct. 22 Q. Does she represent OACBHA? 23 A. Well, kind of, yeah. I mean, we 24 have her on retainer. We use her more often 25 than not to answer questions, to do our legal</p>

<p style="text-align: right;">Page 214</p> <p>1 FAQs, some of those kind of things. I just 2 didn't think I should come here without an 3 attorney, so Christina made the most sense to 4 me. 5 Q. And has she been OACBHA's lawyer -- 6 or how long has she been OACBHA's lawyer? 7 A. For a long time. When -- probably 8 ten years. I mean, she worked for me for a long 9 time, not as a lawyer but as a program 10 administrator who also happened to be a lawyer, 11 and then when she went out and had her own 12 practice, we decided to use her. More often 13 than not we use her on data things, HIPAA 14 things, those kind of things for our members, 15 not the lawsuit. 16 MR. CRAWFORD: That's all I have. 17 Thank you very much, Ms. Walter. 18 THE WITNESS: Sure. 19 EXAMINATION OF CHERI WALTER 20 BY MR. NAEEM: 21 Q. Ms. Walter, I introduced myself at 22 the beginning. For your benefit again -- 23 obviously it's been a bit of a long time since 24 then -- my name is Tariq Naeem. I'm here 25 representing Janssen Pharmaceuticals.</p>	<p style="text-align: right;">Page 216</p> <p>1 organized under state law. I believe you 2 testified to that a little bit earlier. 3 A. Correct. 4 Q. I want to be clear I understand what 5 you meant by that when you discussed it. Does 6 that mean that the ADM boards are responsible to 7 the state or to the counties in which they are 8 sited? 9 A. Neither. They are responsible to 10 their board, their board of directors who are 11 appointed by either the state or the county. 12 But they do not report up through the state. 13 They do not report up through the county. 14 They're their own local governmental entity 15 through 340, their statute. 16 Q. And each individual ADM Board or -- 17 well, each individual ADM Board -- and I use 18 that loosely because I think you said that there 19 were different variations still amongst the 20 boards, but each individual ADM board is itself 21 independent and not related to the other 49 22 entities in the state of Ohio? 23 A. Mostly. The only reason I say 24 mostly, some of them have administrative service 25 agreements where they do back-room around, say,</p>
<p style="text-align: right;">Page 215</p> <p>1 A. Okay. 2 Q. I am going to jump around and try to 3 just follow up with some of the issues that have 4 already been discussed -- 5 A. Okay. 6 Q. -- so there may be a lot of jumping 7 around. 8 I want to go back and talk about 9 OACBHA. And can you tell me, how is the legal 10 entity of which OACBHA is organized? 11 A. We actually have three legal 12 entities. We're a 501(c)(3), we're a 501(c)(6), 13 and we have a recognized PAC. 14 Q. Okay. So is it not, for example, 15 organized under Ohio state law? 16 A. Well, I assume that's state law. 17 Q. Okay. It is not -- 18 A. We are not part of the statute, no. 19 Q. And it is not a public entity under 20 the State of Ohio laws? 21 A. I don't know -- we're not a public 22 entity, no. We are not a governmental entity. 23 Q. Exactly. Not a governmental entity. 24 Okay. 25 Now, the ADM boards themselves are</p>	<p style="text-align: right;">Page 217</p> <p>1 financials, or they may do back-room around data 2 collection. They all go in together and jointly 3 hire someone to do that for them. But they do 4 not report to their board, no. They report to 5 their own board of directors. 6 Q. Throughout the course of the day 7 there was some discussion about, obviously, the 8 documents that have been produced by OACBHA. 9 And I'm simply going to paraphrase. You can 10 disagree with me if you want. But it seems to 11 me that you were very familiar with the process 12 for how those documents were collected. Is that 13 a fair statement? 14 A. Yes, it is. 15 Q. All right. Did you yourself -- 16 A. Not a one. Did not collect them. 17 We actually hired an outside contractor who knew 18 our system enough to be able to come in and do a 19 data search. We knew we had so many documents. 20 I actually brought someone in from outside. 21 Q. What was the name of the entity that 22 did that work? 23 A. It was a person. It was an 24 individual. Her name was Mary Inbody. 25 Q. And I'm sorry. What was the last</p>

<p style="text-align: right;">Page 218</p> <p>1 name?</p> <p>2 A. Mary Inbody. She was a retired</p> <p>3 staff of mine.</p> <p>4 Q. And who dictated to her what should</p> <p>5 be searched and collected?</p> <p>6 A. I did.</p> <p>7 Q. You did. Okay. Was she responsible</p> <p>8 for searching paper documents?</p> <p>9 A. Yes. We had her search all of our</p> <p>10 books of minutes. We had her do a search of</p> <p>11 both our foundation, all our conference</p> <p>12 materials. We had her search anything that had</p> <p>13 opiate or opioid in it through an online search.</p> <p>14 So yeah. I mean, she spent several days</p> <p>15 producing tons of documents.</p> <p>16 Q. And I understand -- and so I don't</p> <p>17 mean to have this question sound redundant,</p> <p>18 because you said you had her search</p> <p>19 electronically for documents that referred to</p> <p>20 opioid or opiate, for example, but what was --</p> <p>21 what was your instruction to her as to what she</p> <p>22 should go look for generally?</p> <p>23 A. Anything -- and I don't remember all</p> <p>24 of them, but I had the subpoena. We looked at</p> <p>25 each of the areas of the subpoena. I gave her a</p>	<p style="text-align: right;">Page 220</p> <p>1 assume that if you had specific communications</p> <p>2 with just someone from Lorain County, for</p> <p>3 example, that that would not have been collected</p> <p>4 and produced as part of this production?</p> <p>5 A. Probably, yes.</p> <p>6 Q. Other than providing the subpoena to</p> <p>7 Ms. Inbody, was there any other written</p> <p>8 instructions you provided her for how she should</p> <p>9 collect the documents that were produced?</p> <p>10 A. I think I walked her through that.</p> <p>11 I don't even think I gave it to her in writing.</p> <p>12 Q. Okay. If you could -- if you still</p> <p>13 have the exhibits in front of you --</p> <p>14 A. I do.</p> <p>15 Q. If you could pull out Exhibit 12 and</p> <p>16 Exhibit 14.</p> <p>17 A. Got them.</p> <p>18 Q. Let's start with Exhibit 12 and</p> <p>19 let's turn to page -- I think it was 6 or 7, but</p> <p>20 it was the page that said "The Development of an</p> <p>21 Epidemic."</p> <p>22 A. Got it.</p> <p>23 Q. I just want to follow up with some</p> <p>24 of the questions that Ms. McNamara asked you.</p> <p>25 And, first of all, I thought I heard you</p>
<p style="text-align: right;">Page 219</p> <p>1 copy of the subpoena so that she could look for</p> <p>2 all those types of documents. So there were</p> <p>3 some that were specific. We were asked to</p> <p>4 produce specific e-mails to either Cuyahoga</p> <p>5 County or Summit County. So I had her go look</p> <p>6 at that. We had her look through everything</p> <p>7 that was related to the opiate conferences. We</p> <p>8 had her look through my e-mails. We had her</p> <p>9 look through membership minutes. We had her</p> <p>10 look through executive council minutes. We had</p> <p>11 her look through division minutes. So we had</p> <p>12 her look at a ton of different things, but we</p> <p>13 utilized -- I utilized the subpoena itself as to</p> <p>14 what we should go after. We actually made -- we</p> <p>15 had a couple of questions that I took through</p> <p>16 Christina a couple of times about how large that</p> <p>17 was and what were people really looking for.</p> <p>18 Q. And I want to maybe highlight what</p> <p>19 you just said by using a specific example to</p> <p>20 compare and contrast.</p> <p>21 So you mentioned that one of the</p> <p>22 things you looked for was communications with</p> <p>23 Summit County and Cuyahoga County that are the</p> <p>24 parties to this particular lawsuit. Based on</p> <p>25 that description you gave, is it fair for me to</p>	<p style="text-align: right;">Page 221</p> <p>1 describe for her that the information in the</p> <p>2 slide came from a variety of sources that you</p> <p>3 may have reviewed or that your staff reviewed to</p> <p>4 put in here?</p> <p>5 A. Yeah. I'm not sure where we got</p> <p>6 them, maybe from a previous conference or</p> <p>7 whatever.</p> <p>8 Q. Okay. And would it be fair for me</p> <p>9 to say that this slide does not represent all of</p> <p>10 the potential reasons why this state is</p> <p>11 currently undergoing or in the midst of an</p> <p>12 opioid epidemic, fair?</p> <p>13 A. Sure, absolutely.</p> <p>14 Q. And, in fact, if we look at Exhibit</p> <p>15 14 very quickly -- and Ms. McNamara walked you</p> <p>16 through a couple items on page 6, if you</p> <p>17 recall -- some of those are duplicative of</p> <p>18 what's on the slide, but there's some</p> <p>19 independent facts there regarding the causation</p> <p>20 of the current opioid epidemic, agree?</p> <p>21 A. Sure.</p> <p>22 Q. Now, going back to Exhibit 12, there</p> <p>23 are a couple of items on here specifically I</p> <p>24 want to follow up on.</p> <p>25 First of all, there -- the fourth</p>

<p style="text-align: right;">Page 222</p> <p>1 bullet point, "Advertising by drug 2 manufacturers," do you see that one? 3 A. I do. 4 Q. Okay. Now, is it your understanding 5 that that is a specific -- I'm sorry, a general 6 concern regarding drug advertising or a specific 7 concern about opioid advertising? 8 A. I think in this specific issue I was 9 talking about drug manufacturers talking with 10 doctors specific to opioids. 11 Q. Specific to opioids, okay. And I 12 want to be clear because my questions to you 13 are, do you have any personal experience or have 14 you personally observed any opioid-related 15 manufacturing provided by drug manufacturers to 16 physicians? 17 A. Personal knowledge, no. 18 Q. And same question with respect to 19 what I think is contained in the fifth bullet 20 point, this description here of a shift in 21 marketing from prescribers to patients, is that 22 a general concern -- I'm sorry, a general 23 statement or opioid specific? 24 A. More -- well, maybe both. 25 Q. Okay. So then let me follow up and</p>	<p style="text-align: right;">Page 224</p> <p>1 Q. And you would agree with me that 2 doctors who are involved with prescribing 3 opioids through pill mills were engaged in 4 the -- I'm sorry, were engaged in activities 5 designed to make money, not treat chronic pain? 6 MS. SHAYNAK-DIAZ: Object to form. 7 A. I would agree that I believe that. 8 I don't know that I can prove that. 9 Q. We're here to talk about your 10 impression certainly, your knowledge. 11 Would you also agree with me that 12 diversion of medications would be a factor that 13 led to the development of the opioid epidemic? 14 A. Absolutely. 15 Q. And diversion can include people who 16 misuse opioid medications who have never had a 17 prescription for those medications? 18 A. Absolutely. 19 Q. I apologize if this was asked 20 already. I know we've referred to your staff 21 throughout the course of the day. But very 22 quickly, if we can do it quickly, you mentioned 23 that it's you and seven other people who make up 24 currently the staff? 25 A. Correct. Two more just started</p>
<p style="text-align: right;">Page 223</p> <p>1 ask you specifically, as you sit here today, do 2 you have any personal experience or did you 3 personally observe any opioid manufacturing -- 4 I'm sorry, any opioid marketing directly from 5 the manufacturers to patients? 6 A. At this time, no. I mean, if you 7 throw suboxone in there, you got a different 8 ballgame. 9 Q. Okay. And that is a very good 10 point, and let me reask the question and limit 11 it strictly to opioid marketing for chronic 12 pain. 13 A. No. I've never personally seen it. 14 Q. So no TV advertisements, no 15 newspaper articles? 16 A. No. 17 Q. With respect to -- and you're free 18 to look at Exhibit 12 or Exhibit 14, the two 19 pages we've just been discussing, but would you 20 agree with me that in addition to the items 21 mentioned here in Exhibit 12 and Exhibit 14, 22 that pill mills would be another factor in the 23 development of the opioid epidemic? 24 A. Oh, absolutely I would agree with 25 that.</p>	<p style="text-align: right;">Page 225</p> <p>1 today. 2 Q. Okay. And you mentioned Liz 3 Henrich? 4 A. She's associate CEO. 5 Q. She's the -- 6 A. She's one of the two associate CEOs. 7 Q. And we've obviously mentioned her 8 name in the context of opioid-related programs 9 or opioid-related conferences? 10 A. Absolutely. 11 Q. So clearly her role has some 12 involvement or some touch points to 13 opioid-related issues in the state of Ohio? 14 A. Absolutely. 15 Q. Okay. You mentioned, I believe you 16 said, two associate CEOs? 17 A. Um-hum. 18 Q. Who is the second? 19 A. Fonda Freeman. 20 Q. Fonda Freeman? 21 A. Fonda, F-o-n-d-a. 22 Q. And what does her position entail as 23 associate CEO? 24 A. Fonda really does not do -- well, 25 she's been involved with the Medicaid BH</p>

<p style="text-align: right;">Page 226</p> <p>1 redesign. She does all of our data stuff. She 2 oversees my legal contract with Christina. She 3 oversees my MIS contract with my MIS contractor. 4 She runs our fiscal committees. She's in charge 5 of the Culture of Quality, which I talked about 6 earlier. So she's more on that side. She's 7 never been one to lead the conferences, do the 8 conferences, any of that. 9 Q. So in addition to you and the two 10 associate CEOs, you also mentioned, at least 11 from a title perspective, a program director? 12 A. Yes. I have a new program director 13 that started today. Actually, I have three new 14 people starting today, but he was with me once 15 before. His name is Dontavius, 16 D-o-n-t-a-v-i-u-s, Jarrells, J-a-r-r-e-l-l-s. 17 Q. Okay. And who is he replacing in 18 that role? 19 A. He's replacing Tony Coder. 20 Q. And can you spell that last name? 21 A. C-o-d-e-r. 22 Q. And you did mention Mr. Coder with 23 respect to the discussions or the meeting with 24 the Ohio -- I'm sorry, Ohio State Medical 25 Association individual?</p>	<p style="text-align: right;">Page 228</p> <p>1 A. Sure. 2 Recovery-oriented systems of care 3 are making sure that at the community level that 4 you're putting the clients first and not the 5 bureaucracy. We have five criteria around it. 6 It is nationally recognized. But again, it's 7 making sure that clients are at the table, 8 clients have a voice. It's making sure that we 9 have access to treatment and that we look at 10 both mental illness and addiction as lifelong 11 chronic diseases, that it's not just about 12 treatment and we're done, these are diseases 13 that last for a lifetime. We need to be adding 14 supports like peer supports, housing, 15 educational supports, employment support. So 16 it's making sure you have a full continuum of 17 care that meets the needs of the individual. 18 Q. Okay. And is it accurate for me to 19 state that that program director role doesn't 20 actually implement the programs that you've 21 described, they work with the ADM boards or the 22 ADAMHS boards to implement those types of 23 programs? 24 A. That's absolutely correct. 25 Q. Okay. So CEO, two associate CEOs</p>
<p style="text-align: right;">Page 227</p> <p>1 A. Correct. 2 Q. What is the role of a program 3 director with OACBHA? 4 A. Our program director oversees -- we 5 have a large mental health grant from the Feds. 6 It's called the MHTTC. So he's overseeing that. 7 He oversees our suicide committee, our kids 8 committee, although I think we made a change 9 with the new person coming in. My last program 10 director, we did a lot around the whole medical 11 marijuana. He was an expert in medical 12 marijuana. I'm changing that because my new 13 person does not have that expertise. But he 14 does those kind of things. He also -- he will 15 be working with CLAS, Culturally Linguistically 16 Appropriate Services. He will be working with 17 bias kind of issues. So he does a lot of just 18 programs. Again, he was with me for about a 19 little over five years previously. He's also 20 our lead person on recovery-oriented systems of 21 care, which is a huge project we've been rolling 22 out for the last several years. 23 Q. And recovery-oriented systems of 24 care, what -- in a few sentences, if you can, 25 what is that?</p>	<p style="text-align: right;">Page 229</p> <p>1 and a program director. And just at a very high 2 level, what are the other roles that are 3 entailed by the other, I guess, what, four staff 4 members? 5 A. Four or three. I have an 6 administrative -- an administrator over 7 operations. He does my bookkeeping. He does my 8 HR, all of those kind of things. He does all 9 the facility management for all the conferences, 10 those kind of things. So I have Todd. 11 I have a new person starting today 12 as a result of our mental health technology 13 transfer grant. She will be specifically over 14 that, the mental health technology grant. 15 I also have a person who's over our 16 Vista project. We have right now 31 -- we'll 17 have 26 Vista projects where we put Vista 18 members, which are service members doing -- it's 19 like a Peace Corps for the United States. 20 They'll be doing service in 26 counties. Right 21 now we've got several of them out there. We're 22 about to do a new year. So we have a full-time 23 grant to hire that person as well. 24 Q. Okay. And when you say "service 25 members," you mean former members of the</p>

<p style="text-align: right;">Page 230</p> <p>1 military?</p> <p>2 A. No. It's a Vista member. More</p> <p>3 often than not, it's someone coming directly out</p> <p>4 of college. It's kind of like the Peace Corps</p> <p>5 but it's the American Peace Corps.</p> <p>6 And then I have a new administrative</p> <p>7 assistant starting today as well, and that</p> <p>8 position has been vacant for a pretty long time,</p> <p>9 actually, but we had so many other things going</p> <p>10 on, so -- do you need those names?</p> <p>11 Q. No. I just wanted to get a better</p> <p>12 understanding of the organization that you're in</p> <p>13 charge of.</p> <p>14 A. Sure.</p> <p>15 Q. There was -- and we can pull up the</p> <p>16 exhibit if we need to, but as I recall, in one</p> <p>17 of your e-mails from 2009 that you were shown,</p> <p>18 there was an analysis of a house bill that did</p> <p>19 not include a provision regarding use of excess</p> <p>20 liquor profits to fund programs.</p> <p>21 Do you recall that? We can pull it</p> <p>22 out.</p> <p>23 A. I believe it was the IDAT bill. Is</p> <p>24 that what you're thinking of?</p> <p>25 Q. I don't recall, and my question</p>	<p style="text-align: right;">Page 232</p> <p>1 excess liquor profits for ODADAS."</p> <p>2 A. Yeah. So we must have been -- I</p> <p>3 mean, I don't remember. It was '09. But we may</p> <p>4 have been asking for excess liquor profits to go</p> <p>5 into the boards, yes.</p> <p>6 Q. Okay. And I just have a general</p> <p>7 question, and that is, as we sit here today in</p> <p>8 2019, are you aware whether there has ever been</p> <p>9 a legislative adjustment that permits those</p> <p>10 excess liquor profits to be diverted towards the</p> <p>11 addiction treatment services provided by ADM</p> <p>12 boards?</p> <p>13 A. Well, some liquor profits already do</p> <p>14 go. I don't know if it's been increased. I</p> <p>15 cannot answer that question.</p> <p>16 Q. Okay. So what was the distinction</p> <p>17 with no language about using excess liquor</p> <p>18 profits?</p> <p>19 A. I think we must have meant that</p> <p>20 there was some that was not being allocated to</p> <p>21 anybody and could that become allocated to us.</p> <p>22 Q. Okay. And so with that specific</p> <p>23 provision about excess liquor profits, has there</p> <p>24 ever been an adjustment to that formula for</p> <p>25 dividing liquor --</p>
<p style="text-align: right;">Page 231</p> <p>1 isn't specifically about the bill itself. I</p> <p>2 just want to kind of refresh.</p> <p>3 Do you recall, though, that there</p> <p>4 was some discussion about at one point in time</p> <p>5 OACBHA was advocating for use of excess liquor</p> <p>6 profits to fund treatment programs in the State</p> <p>7 of Ohio?</p> <p>8 A. I'm sure we were. Yes.</p> <p>9 Q. Well, let's pull it out.</p> <p>10 A. I'm not sure what -- because if</p> <p>11 you're referring to IDAT --</p> <p>12 Q. I believe it was Exhibit 4. If you</p> <p>13 can pull that out.</p> <p>14 A. The Indigent Driver Alcohol</p> <p>15 Treatment Fund, is that what you're referring</p> <p>16 to?</p> <p>17 Q. So if we look at -- in the bottom</p> <p>18 right-hand corner, there's a page that starts</p> <p>19 with 4854, and at the bottom it's talking about</p> <p>20 what we didn't get.</p> <p>21 Do you see that?</p> <p>22 A. Other issues -- no change to</p> <p>23 language -- yeah.</p> <p>24 Q. And then if we flip the page, the</p> <p>25 third bullet point is, "No language about using</p>	<p style="text-align: right;">Page 233</p> <p>1 A. That's what I'm saying. Not that</p> <p>2 I'm aware of. I don't know. I just don't know.</p> <p>3 And I should be clear. I don't think it's</p> <p>4 liquor profits. I think there's a special tax</p> <p>5 for -- that a percentage goes to the boards.</p> <p>6 Q. And then are you aware of whether</p> <p>7 that percentage has changed since --</p> <p>8 A. No, I'm not aware. And I don't</p> <p>9 think it has, but I'm not aware.</p> <p>10 Q. You've been asked a couple times</p> <p>11 about the effect of House Bill 93, which shut</p> <p>12 down pill mills, and the increase in use of</p> <p>13 heroin.</p> <p>14 Do you recall?</p> <p>15 A. I do.</p> <p>16 Q. And you were asked about -- or you</p> <p>17 discussed at least the concept that certain</p> <p>18 treatment professionals anticipated that people</p> <p>19 addicted to pills would transition to heroin as</p> <p>20 a result.</p> <p>21 Do you recall?</p> <p>22 A. I do.</p> <p>23 Q. I don't want to talk about that in</p> <p>24 substance, but I do want to ask whether you had</p> <p>25 discussions at any OACBHA meetings about the</p>

<p style="text-align: right;">Page 234</p> <p>1 potential consequence of increased heroin usage 2 as a result of pill mill closing. 3 A. I can't say if we did or didn't, 4 honestly. 5 Q. Do you recall having discussions 6 with any of the ADM representatives to OACBHA or 7 any of the ADM directors, I guess I should say, 8 about this issue about pill mills closing likely 9 to lead to increased heroin -- 10 A. I don't know that we had the 11 discussion before they started closing them. I 12 have a pretty strong belief we probably 13 discussed the fact that we're not surprised this 14 is happening based on the fact that they're 15 closing pill mills and haven't put any money out 16 there. Whether or not we had it prior to them 17 actually starting to close, I can't -- I don't 18 know. I don't recollect. 19 Q. And the same question but for the 20 legislature. Do you recall having any 21 discussions around the passage of House Bill 93, 22 about the impact it would have on heroin use to 23 any members of legislature? 24 A. You know, again, probably not ahead 25 of time, but probably afterwards with Robert</p>	<p style="text-align: right;">Page 236</p> <p>1 we're having discussions about the fact that 2 we've gotten cuts -- and we haven't gotten cuts 3 the last couple years, but if we're having 4 discussions about having gotten cuts, we may 5 look at what is driving the cost locally, and in 6 the past that's been opiates, it's been suicide, 7 it's been state hospitals, so in that sense we 8 would have those discussions, yes. 9 Q. And do you prepare written materials 10 that are submitted to the legislature? 11 A. Oftentimes, yes. 12 Q. Do you provide testimony? 13 A. Yes. 14 Q. Do you know one way or the other 15 whether these materials were collected by 16 Ms. Inbody and produced? 17 A. I would assume they were. I don't 18 -- I did not go through each and every document 19 she pulled. 20 Q. Does OACBHA assist local ADM 21 agencies in getting direct allocations from the 22 State of Ohio, grant money, for opioid-related 23 issues? 24 A. No, because it's -- that's a little 25 political because we may have more than one</p>
<p style="text-align: right;">Page 235</p> <p>1 Sprague. 2 Q. And could you remind me who Robert 3 Sprague was? 4 A. He's the house member who really 5 took the lead on all the opiate. I believe 93 6 was his bill probably. 7 Q. Okay. Does OACBHA have involvement 8 in discussions with the legislature regarding 9 funding priorities for substance abuse 10 treatment? 11 A. Through the budget process, 12 absolutely. 13 Q. And can you describe that for me 14 just generally? 15 A. I mean, generally we have a budget 16 position, we put that forward, and then once we 17 see the as introduced, we'll respond to the as 18 introduced and figure out what we believe is 19 happening. If it looks like they're cutting 20 funds, we'll talk about the cut in funds, and we 21 may -- it may or may not be specific to opiates 22 because typically our funding doesn't come out 23 specific to opiates. Our 421 line, which you 24 heard me talk about earlier, is more around the 25 issue, it is a more flexible fund. We may -- if</p>	<p style="text-align: right;">Page 237</p> <p>1 board going after the same -- now, if it's a 2 non-competitive grant, for example, the state 3 opioid response money that has come down from 4 the Feds, we have worked on making sure that an 5 appropriate amount of that goes out to all local 6 boards, but we don't get into the grants where 7 it may be competitive from one county to 8 another. But if it's a general allocation, we 9 absolutely get involved and try to work to get 10 as much money to go to local boards as possible. 11 Q. Okay. And does OACBHA assist local 12 ADM agencies in preparing financial reports? 13 A. We do not. 14 Q. Do you have an understanding of what 15 the requirements are under state law for local 16 ADM agencies with respect to state reporting? 17 A. Yes. And so we don't help them 18 prepare those individual reports, but Fonda 19 Dawkins, who -- or Fonda Freeman, who you heard 20 me refer to earlier -- sorry, she got married -- 21 she works with them on what may be required in 22 those reports before they go out every year, 23 because they change sometimes from year to year, 24 and as you heard us talk about earlier, when 25 there became a requirement for a continuum of</p>

<p style="text-align: right;">Page 238</p> <p>1 care or a board could lose their money, she 2 helped figure out what that report should look 3 like so that a board could show how much money 4 they were getting but also how much they were 5 spending on those particular projects. So in 6 that sense, she would, but she would not help 7 them prepare once the initial report template 8 went out. 9 Q. And can you give us a sense of -- 10 based on your knowledge and based on your role 11 as CEO of OACBHA, what are the reporting 12 requirements for local ADM agencies to the state 13 to account for the funds that are spent? 14 A. Based on the requirements -- local 15 boards have to talk about all the funds they 16 spend whether or not they're state funds. So 17 they have to tell them how they spend their levy 18 funds, they have to tell them how they spend 19 their federal funds. Individual grants may have 20 different -- may have different requirements. 21 For example, the new state opioid 22 response, the SOR funds I'm sure somebody has 23 told you about, that have gone out, they have 24 their own reporting requirements. Our boards 25 have annual budget reporting requirements in</p>	<p style="text-align: right;">Page 240</p> <p>1 THE VIDEOGRAPHER: On the record, 3 2 p.m. 3 EXAMINATION OF CHERI WALTER 4 BY MS. RANJAN: 5 Q. Good afternoon, Ms. Walter. My name 6 is Brandy Ranjan. I represent Walmart in this 7 case. I have, hopefully, just a few more 8 questions for you. I think we just about 9 covered it at this point, so I appreciate you 10 being here today. 11 A. No problem. 12 Q. You are a licensed independent 13 chemical dependency counselor, correct? 14 A. I am. 15 Q. Can you explain to me what that 16 means? 17 A. It means I'm licensed by the State 18 of Ohio to provide drug and alcohol treatment. 19 Q. And in your work with OACBHA, you 20 have done -- also done extensive work related to 21 addiction treatment services? 22 A. I have, but I do not provide direct 23 services, no. 24 Q. And you also have a personal 25 experience with recovery?</p>
<p style="text-align: right;">Page 239</p> <p>1 order to draw down their funds. So it's not the 2 same for every single fund source, but boards 3 have to report how they expend all their 4 dollars, and they also have to say what they 5 have in reserves. 6 Q. Okay. So if they're receiving money 7 from SAMHSA, for example, ADM is -- the local 8 ADM agency that's receiving the funds must 9 provide a report? 10 A. Yeah. 11 Q. Are those reports generally annually 12 or are they -- 13 A. There's a biannual report that's a 14 big report because that's where you have to say 15 what your continuum of care is, but I do think 16 there is annual reports. And there's also -- 17 again, you've got federal fiscal years and 18 you've got state fiscal years, so they're not 19 always on the same cycle. 20 MR. NAEEM: Ms. Walter, I don't 21 think I have any questions further. We may have 22 some more coming from another source, though, so 23 I will go ahead and pass the mic. 24 THE VIDEOGRAPHER: Off the record. 25 (Short recess had.)</p>	<p style="text-align: right;">Page 241</p> <p>1 A. I do. 2 Q. I believe you alluded to that 3 earlier. 4 A. (Witness nodding head 5 affirmatively.) 6 Q. Do you believe that addiction can be 7 overcome? 8 A. I believe you can be in recovery, 9 yes. 10 Q. And individuals with substance abuse 11 problems can recover to a point such that 12 they're no longer dependent on the substance? 13 A. Correct. 14 Q. And doing so requires an addicted 15 person to take personal responsibility for his 16 or her actions? 17 MS. KEARSE: Object to form. 18 A. Correct. 19 Q. And it requires that person to seek 20 out recovery? 21 A. No. 22 Q. What's wrong with that statement? 23 A. I have seen people get into recovery 24 because they didn't seek it out, but they maybe 25 were threatened with the loss of a job, they</p>


<p style="text-align: right;">Page 242</p> <p>1 were threatened with sanctions by the court, so 2 they were more or less forced into treatment 3 versus seeking it out. 4 Q. Okay. And in those circumstances 5 the person chooses to stop abusing the 6 substance? 7 A. At some point, yes. 8 Q. Switching gears -- and I apologize 9 because I'm hitting on a number of different 10 topics here trying not to recover ground that's 11 already been covered. I'm going to jump around 12 a little bit. Can you take a look at what was 13 previously marked as Exhibit 3, please? It was 14 an e-mail from you to the county board executive 15 directors. It was the one with what we thought 16 was a pretty long "To" list. 17 A. Got it. 18 Q. Do you have it in front of you? 19 A. I do. 20 Q. If you could turn again to the first 21 article that was attached to the e-mail. It's 22 the one titled "Advocates Make Case for 23 Providing Addiction Treatment Services." 24 Do you see that? 25 A. Not the amendment but the --</p>	<p style="text-align: right;">Page 244</p> <p>1 Q. And it's true that in your 2 experience, when public funding for addiction 3 treatment is cut, it results in increased 4 spending on healthcare? 5 MS. KEARSE: Object to form. 6 A. Not just healthcare but law 7 enforcement and other things, yes. 8 Q. And jails and prisons? 9 A. Jails and prison, child welfare. 10 Q. And other types of public services? 11 A. Child welfare, health and human 12 services, absolutely. 13 Q. Emergency response services? 14 A. Emergency response services, yes. 15 Q. And was that also the case with the 16 state budget cuts for addiction treatment that 17 took place starting around 2010? 18 A. That would have been our concern, 19 absolutely. 20 Q. And did that actually come to 21 fruition? 22 A. I can't necessarily speak -- well, 23 yeah, I can, to one system. We've certainly 24 seen since 2010 an increase in the number of 25 children being taken out of home because of</p>
<p style="text-align: right;">Page 243</p> <p>1 Q. Correct. 2 A. Okay. Got it. 3 Q. If you would look four paragraphs 4 down for me. 5 A. Um-hum. 6 Q. I'm just going to read it aloud. It 7 says, "Coleman described the results of a 2008 8 study, 'Economic Costs and Benefits of 9 Treatment,' prepared for Maryhaven through 10 funding support from the Columbus Foundation, 11 which shows that treatment for alcohol and other 12 drug addiction provides cost benefits to 13 society. According to the study, for every one 14 dollar spent on treatment services, there was a 15 cost benefit of at least \$11 in health care 16 expenses, criminal justice costs and employment 17 gains." 18 Did I read that correctly? 19 A. Yes. 20 Q. You're familiar with that study, 21 right? 22 A. Yes, I am. 23 Q. In fact, you've relied on it in some 24 of your other work for OACBHA, correct? 25 A. We have.</p>	<p style="text-align: right;">Page 245</p> <p>1 their parents' addiction, so the fact that there 2 was not the treatment available could absolutely 3 have had an impact on that. 4 Q. And that was partially because of 5 cuts for addiction treatment funding? 6 MS. KEARSE: Object to form. 7 A. I can't make a one-to-one 8 correlation, but I can make a speculation that 9 that certainly could have impacted it. 10 Q. In fact, you're confident enough in 11 that analysis that you testified to the Ohio 12 senate about that very possibility, right? 13 MS. KEARSE: Object to form. 14 A. Can I see what you're referring to? 15 Q. Sure. 16 A. I may well have, but I don't know 17 what you're referring to. 18 Q. Absolutely. Let's mark as Exhibit 19 19 -- 20 - - - - - 21 (Thereupon, Walter Deposition 22 Exhibit 19, Testimony of Cheri L. 23 Walter, Senate Finance Committee, 24 Dated May 30, 2009, was marked for 25 purposes of identification.)</p>

<p style="text-align: right;">Page 246</p> <p>1 - - - - -</p> <p>2 Q. I've shown you Exhibit 19, which</p> <p>3 appears to be your testimony to the senate</p> <p>4 finance committee on May 30th, 2009.</p> <p>5 A. It is mine, yep. Yeah, I stand by</p> <p>6 what I said here, yes.</p> <p>7 Q. And that includes the prospect that</p> <p>8 by cutting state funding for addiction treatment</p> <p>9 services, the state could end up spending</p> <p>10 exponentially more in state funded health, human</p> <p>11 services and the correction system?</p> <p>12 A. I absolutely believe that. Again, I</p> <p>13 can't give you a one-on-one correlation, but I</p> <p>14 absolutely believe that, yes.</p> <p>15 Q. And also jails and prisons and child</p> <p>16 welfare, emergency care and homelessness?</p> <p>17 A. Correct.</p> <p>18 Q. Okay. You can set that aside.</p> <p>19 Could I direct your attention to</p> <p>20 what was previously marked as Exhibit 14? It's</p> <p>21 the chairman's report for the prescription drug</p> <p>22 addiction and healthcare reform legislative</p> <p>23 study committee.</p> <p>24 A. Got it.</p> <p>25 Q. Could you take a look -- and again</p>	<p style="text-align: right;">Page 248</p> <p>1 in fact, done that. It does now pay for detox</p> <p>2 and it will pay for residential treatment. The</p> <p>3 difference now is sometimes that has to have</p> <p>4 prior approval from the managed care companies.</p> <p>5 But yes, it will pay for it. I want to say it</p> <p>6 was four years ago, but I cannot give you an</p> <p>7 exact date.</p> <p>8 Q. And do you agree that that was a</p> <p>9 positive development in the law?</p> <p>10 A. Absolutely.</p> <p>11 Q. And the next couple of sentences</p> <p>12 read, "Medicaid will not pay for the needed</p> <p>13 medication assisted therapy drugs until an</p> <p>14 addict has failed four to five times in</p> <p>15 treatment. Medication-assisted treatment is a</p> <p>16 key ingredient in treating this problem."</p> <p>17 A. Where are you?</p> <p>18 Q. I'm in that same exact paragraph.</p> <p>19 A. Oh, sorry.</p> <p>20 Q. That's okay. Let me know when</p> <p>21 you're with me.</p> <p>22 A. I'm there.</p> <p>23 Q. "Medicaid will not pay for the</p> <p>24 needed medication assisted therapy drugs until</p> <p>25 an addict has failed four or five times in</p>
<p style="text-align: right;">Page 247</p> <p>1 we're changing gears here. Sorry for skipping</p> <p>2 around. Could you take a look at the page</p> <p>3 marked page 12, the last bullet point there,</p> <p>4 "Access to Treatment"?</p> <p>5 A. Yes. I'm there.</p> <p>6 Q. And the report says that Medicaid --</p> <p>7 at least at this time "Medicaid does not pay for</p> <p>8 residential treatment, or detox, which is the</p> <p>9 first step of treatment. It would be helpful to</p> <p>10 change coverage so that Medicaid pays for a best</p> <p>11 practice protocol like residential detox for ten</p> <p>12 days, and then release with medication</p> <p>13 assistance to intensive outpatient in the</p> <p>14 patient's home county."</p> <p>15 Did I read that correctly?</p> <p>16 MS. KEARSE: Object to form.</p> <p>17 A. You did.</p> <p>18 Q. Do you agree that this is one</p> <p>19 potential area where the Ohio legislature could</p> <p>20 have acted to increase addiction treatment</p> <p>21 services?</p> <p>22 A. They have, in fact, done so.</p> <p>23 Q. Do you know when they did that?</p> <p>24 A. It went to the ACM level care --</p> <p>25 geez, I don't know the exact date, but we have,</p>	<p style="text-align: right;">Page 249</p> <p>1 treatment. Medication-assisted treatment is a</p> <p>2 key ingredient in treating this problem, and</p> <p>3 without it, progress will be slow in curtailing</p> <p>4 this epidemic."</p> <p>5 A. That has changed as well.</p> <p>6 Q. Right. But at this time, which was</p> <p>7 back in 2013, do you agree that this was an</p> <p>8 issue for individuals who were seeking treatment</p> <p>9 for addiction in Ohio?</p> <p>10 A. I know there was a fail first, where</p> <p>11 you had to fail. I don't know that that was the</p> <p>12 exact language, but I believe that it was a</p> <p>13 problem, yes, that not everyone would find</p> <p>14 medication-assisted treatment.</p> <p>15 Q. And you said that that has also</p> <p>16 changed since 2013?</p> <p>17 A. Yes. Medication-assisted treatment</p> <p>18 is now kind of considered the primary way to</p> <p>19 deal with the opioid epidemic.</p> <p>20 Q. And do you know when that change</p> <p>21 came about that Medicaid started funding</p> <p>22 medication-assisted treatment?</p> <p>23 A. I don't. I'm guessing it was around</p> <p>24 the same time when the ACM level of care going</p> <p>25 in -- I probably should know but I just don't</p>

<p style="text-align: right;">Page 250</p> <p>1 know the date.</p> <p>2 Q. And, again, I take it that you</p> <p>3 believe that that's a positive development in</p> <p>4 the law?</p> <p>5 A. Absolutely.</p> <p>6 MS. RANJAN: I believe that's all I</p> <p>7 have for the moment.</p> <p>8 Anybody else?</p> <p>9 MS. KEARSE: Can we take a break?</p> <p>10 THE VIDEOGRAPHER: Off the record.</p> <p>11 (Recess had.)</p> <p>12 THE VIDEOGRAPHER: On the record,</p> <p>13 3:22.</p> <p>14 EXAMINATION OF CHERI WALTER</p> <p>15 BY MS. KEARSE:</p> <p>16 Q. Ms. Walter, thank you for being here</p> <p>17 today. As I mentioned earlier today, several</p> <p>18 hours ago, my name is Anne Kears and I</p> <p>19 represent the City of Akron, the County of</p> <p>20 Summit and also the ADM Board in Summit County,</p> <p>21 and I just have a couple of follow-up questions</p> <p>22 because you've been asked a lot of questions.</p> <p>23 A. Sure.</p> <p>24 Q. I believe the testimony that you've</p> <p>25 given today is basically the fact that the</p>	<p style="text-align: right;">Page 252</p> <p>1 they go through. I mean, typically they'll go</p> <p>2 into possibly residential treatment, possibly</p> <p>3 outpatient treatment. They may or may not have</p> <p>4 medication-assisted treatment. There are still</p> <p>5 some programs that are abstinence based versus</p> <p>6 medication-assisted treatment based, but whether</p> <p>7 they're getting medication-assisted treatment or</p> <p>8 whether it's abstinence based, hopefully they're</p> <p>9 also getting therapy because you have to deal</p> <p>10 with some of the underlying issues with the</p> <p>11 disease.</p> <p>12 Some folks who have long-term opioid</p> <p>13 addictions also need other therapies. I mean,</p> <p>14 they may be having health problems. They may</p> <p>15 need some form of residential treatment. They</p> <p>16 may or may not be homeless. I mean, it just</p> <p>17 depends what kind of situation they come from.</p> <p>18 They may come from a family where that's not an</p> <p>19 issue or they may come from living on the</p> <p>20 streets or being homeless. You just don't know.</p> <p>21 So they may need housing, they may need</p> <p>22 employment supports. Many people with an</p> <p>23 addiction in general, including an opioid</p> <p>24 addiction, get involved with the law. They may</p> <p>25 end up in court. They may or may not end up in</p>
<p style="text-align: right;">Page 251</p> <p>1 people who take prescription opioids can become</p> <p>2 addicted to opioids; is that fair?</p> <p>3 A. Sure. Yeah.</p> <p>4 Q. And someone who becomes addicted to</p> <p>5 opioids may be diagnosed with an opioid use</p> <p>6 disorder. Are you familiar with that?</p> <p>7 A. Um-hum. Sure.</p> <p>8 Q. And would it be fair to say that the</p> <p>9 problem of opioid addiction has been "especially</p> <p>10 devastating" to the communities that you've been</p> <p>11 involved with?</p> <p>12 MS. RANJAN: Objection to the form.</p> <p>13 A. I'm not sure what you mean,</p> <p>14 especially devastating. It's been devastating</p> <p>15 as any addiction, but yes.</p> <p>16 Q. But it's been devastating to the</p> <p>17 communities that you've been involved with?</p> <p>18 A. Sure, yeah.</p> <p>19 MS. RANJAN: Objection to form.</p> <p>20 Q. Ms. Walter, as someone who's been</p> <p>21 involved with opioid addiction and addiction</p> <p>22 generally, what is involved in treating persons</p> <p>23 with an opioid use disorder or an opioid-related</p> <p>24 addiction?</p> <p>25 A. It depends what form of treatment</p>	<p style="text-align: right;">Page 253</p> <p>1 jail. It just depends. And so they may need</p> <p>2 some help with their legal history as well. I</p> <p>3 mean, it really is -- I mean, addiction is a</p> <p>4 life-long disease and it's a disease that isn't</p> <p>5 just the addiction. I mean, it's a psychosocial</p> <p>6 disease where you have to deal with the</p> <p>7 psychological side of things, you have to deal</p> <p>8 with the healthcare side of things and you have</p> <p>9 to deal with the social side of things, whether</p> <p>10 it's employment, housing or whatever the case</p> <p>11 may be. Addiction in general is a fairly</p> <p>12 complex disease.</p> <p>13 Q. And so anyone that's looking for</p> <p>14 programs or future programs regarding opioid</p> <p>15 addiction would want to take all those things</p> <p>16 into account?</p> <p>17 A. I would hope so, yes.</p> <p>18 Q. And I believe you testified that the</p> <p>19 local boards and your association are in one of</p> <p>20 the best positions to understand the critical</p> <p>21 needs of the community. Do you recall that</p> <p>22 testimony?</p> <p>23 MR. NAEEM: Object to form and</p> <p>24 foundation.</p> <p>25 A. I do.</p>

<p style="text-align: right;">Page 254</p> <p>1 Q. And as we sit here today, if we 2 wanted to make sure the testimony that you've 3 given today encompasses the various types of 4 treatments, I'm going to just ask you a 5 question. What are the critical needs of the 6 community as it relates to the treatment of 7 opioid addiction that you see today? 8 MR. NAEEM: Object to form and 9 foundation. 10 A. Are you asking an individual 11 community or just in general? 12 Q. In general. 13 A. A community of -- I mean, again, you 14 have to have a way to identify people who have 15 the opioid or any addiction. You have to be 16 able to assess them and determine what level. 17 There's the ASAM, the American Society of 18 Addiction Medicine, standards. So somebody has 19 to be assessed, and based on that assessment, it 20 will determine what level of care they need. 21 Not everybody who has an opioid addiction needs 22 residential treatment. Some people do. Not 23 everybody who has an opioid addiction needs 24 medication-assisted treatment. Some of them do. 25 Some of them don't. Some don't want it. It</p>	<p style="text-align: right;">Page 256</p> <p>1 need to be back in that continuum to help them 2 begin to progress forward again. 3 Q. So it can be a lifelong issue that 4 needs to be dealt with within the community and 5 for that individual? 6 A. Yeah. I mean, addiction is 7 lifelong, but people who are in recovery, like 8 me, I haven't needed services for years, and I 9 hope to God I never do again. For some people 10 it may be treatment, get into recovery, get 11 sober, get clean, you're good to go. For other 12 people they may fall in and out. 13 Q. And I think earlier we talked about 14 Exhibit Number 17, which I'm not going to pull 15 out, but it was in regards to a meeting with Tim 16 Maglione. 17 Do you recall that? 18 A. I do. 19 Q. And it was in regards to how to best 20 utilize funds going forward if funds were made 21 available. 22 Do you recall that testimony? 23 A. Yes. 24 Q. Are these some of the things that 25 you would testify to in response to that type of</p>
<p style="text-align: right;">Page 255</p> <p>1 just depends. So you have to have a continuum 2 of care that starts with being able to assess 3 and diagnose. 4 Once you've assessed and diagnosed 5 somebody of needing treatment, then you have to 6 have the levels of treatment necessary, which 7 can be outpatient, it can be intensive 8 outpatient, it can be residential. Some people 9 may have to start off with withdrawal and 10 medication-assisted treatment. You might have 11 to do induction. 12 Once they've gone through treatment, 13 whatever level that is, they will need some form 14 of after-care. For some people, coming out of 15 residential treatment, that may mean they need 16 housing, that may mean they need job supports, 17 that may mean they need peer supports. Peer 18 supporters can be a very big benefit in people 19 who are in recovery. 20 So you need that full continuum of 21 care. And you need to recognize that someone 22 may leave treatment today, go out and be in 23 recovery, it is possible they will relapse. It 24 doesn't mean they necessarily go back to square 25 one. It means you have to figure out where they</p>	<p style="text-align: right;">Page 257</p> <p>1 question if you were asked that today? 2 MR. NAEEM: Object to form. 3 A. If I was asked how to utilize any 4 funds that may be available regardless of whom 5 it came from, the state or anybody else, or a 6 settlement, I think you need that continuum of 7 care available to all individuals. 8 What we also know about addiction is 9 when someone decides to get into addiction, 10 there needs to be services available when 11 they've made that determination. Again, some 12 people are forced into treatment. You know, if 13 you're in court and you need to get treatment in 14 order to -- if you're in drug court, then 15 treatment needs to be available. If you decide 16 on your own to get treatment, then treatment 17 needs to be available. If you have to wait six 18 weeks or however long, you could die before you 19 ever got to that treatment, so we need treatment 20 that's accessible when it's needed and we need 21 it in all communities, including very rural 22 communities. 23 And for some of our very rural 24 communities -- one of the things I haven't 25 mentioned is we need transportation. You're not</p>

<p style="text-align: right;">Page 258</p> <p>1 going to have a residential treatment program in 2 each and every community in Ohio. It doesn't 3 make sense. I mean, you know, really. But if 4 somebody needs to get to that residential 5 treatment program, they need to be able to get 6 there, their family needs to be able to 7 participate with them in treatment. So you need 8 those kind of things to wrap around it as well. 9 Q. You testified earlier about the year 10 and a half you've been with the opioid committee 11 and their Week of Appreciation. 12 Do you recall that? 13 A. Yes. That's been -- 14 Q. And you specifically mentioned the 15 various communities and their first responders, 16 of what they go through? 17 A. Um-hum. 18 Q. Can you explain that to me? What 19 are the first responders and why is it so 20 important to recognize them? 21 A. Well, first responders -- in 22 general, as I said, first responders -- in this 23 particular case we were talking about uniformed 24 first responders, so we were talking law 25 enforcement, be it sheriff, police, highway</p>	<p style="text-align: right;">Page 260</p> <p>1 involved in a situation where there's fentanyl. 2 Fentanyl was actually causing overdose of some 3 first responders, so we gave them all a tool. 4 So we just try to give them information to make 5 their job maybe a touch easier but also to let 6 them know that they're appreciated and that if 7 they are feeling stress and trauma or depressed 8 from seeing it, they shouldn't be beating 9 themselves up. They should avail themselves to 10 help. It's natural. Those kind of things. 11 Q. Ms. Walter, would it be fair to say 12 that the cities, counties and local boards have 13 done the best that they could do with the 14 limited resources that they've had? 15 MR. NAEEM: Object to form and 16 foundation. 17 A. I would like to think so, yes. 18 MS. KEARSE: Thank you. No further 19 questions. 20 THE VIDEOGRAPHER: Off the record, 21 3:32. 22 23 (Deposition concluded at 3:32 p.m.) 24 ----- 25</p>
<p style="text-align: right;">Page 259</p> <p>1 patrol. We were talking firemen. We were 2 talking EMTs. A lot of those people, in some 3 areas, in some neighborhoods, in some 4 communities, have made repeated calls and 5 they've seen a lot of people die, and if they're 6 from a very rural community, more than likely 7 they know the person that's dying, and when you 8 see that many people die, that creates some 9 trauma in and of itself. 10 The other thing is, I mean, we have 11 story after story of individuals who overdose 12 multiple times, somebody revives them with 13 Narcan, somebody revives them, and our first 14 responders see them multiple times. And it can 15 become very frustrating to them if they see the 16 same person over and over and over. And so 17 there's a level of burnout, there's a level of 18 trauma, and so we -- we're trying to let them 19 know they're very much appreciated. We're 20 trying to give them a few tools to deal with 21 their trauma. We tried to give them -- one of 22 the things we gave was a flash drive, and on 23 that flash drive it helped them deal with their 24 own trauma, but we also put on that flash drive 25 how to protect yourself from fentanyl if you get</p>	<p style="text-align: right;">Page 261</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness' review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to 7 the applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>

<p style="text-align: right;">Page 262</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 The State of Ohio,)</p> <p>3) SS:</p> <p>4 County of Cuyahoga.)</p> <p>5</p> <p>6 I, Renee L. Pellegrino, a Notary Public</p> <p>7 within and for the State of Ohio, duly</p> <p>8 commissioned and qualified, do hereby certify</p> <p>9 that the within named witness, CHERI WALTER, was by</p> <p>10 me first duly sworn to testify the truth, the whole</p> <p>11 truth and nothing but the truth in the cause</p> <p>12 aforesaid; that the testimony then given by the</p> <p>13 above referenced witness was by me reduced to</p> <p>14 stenotypy in the presence of said witness;</p> <p>15 afterwards transcribed, and that the foregoing is a</p> <p>16 true and correct transcription of the testimony so</p> <p>17 given by the above referenced witness.</p> <p>18 I do further certify that this</p> <p>19 deposition was taken at the time and place in the</p> <p>20 foregoing caption specified and was completed</p> <p>21 without adjournment.</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 264</p> <p>1 Veritext Legal Solutions</p> <p>2 1100 Superior Ave</p> <p>3 Suite 1820</p> <p>4 Cleveland, Ohio 44114</p> <p>5 Phone: 216-523-1313</p> <p>6 February 22, 2019</p> <p>7 To: Christina Shaynak-Diaz, Esq.</p> <p>8 Case Name: In Re: National Prescription Opiate Litigation v.</p> <p>9 Veritext Reference Number: 3216455</p> <p>10 Witness: Cheri Walter Deposition Date: 2/19/2019</p> <p>11 Dear Sir/Madam:</p> <p>12 Enclosed please find a deposition transcript. Please have the witness</p> <p>13 review the transcript and note any changes or corrections on the</p> <p>14 included errata sheet, indicating the page, line number, change, and</p> <p>15 the reason for the change. Have the witness' signature notarized and</p> <p>16 forward the completed page(s) back to us at the Production address</p> <p>17 shown</p> <p>18 above, or email to production-midwest@veritext.com.</p> <p>19 If the errata is not returned within thirty days of your receipt of</p> <p>20 this letter, the reading and signing will be deemed waived.</p> <p>21 Sincerely,</p> <p>22 Production Department</p> <p>23</p> <p>24</p> <p>25 NO NOTARY REQUIRED IN CA</p>
<p style="text-align: right;">Page 263</p> <p>1 I do further certify that I am not a</p> <p>2 relative, counsel or attorney for either party,</p> <p>3 or otherwise interested in the event of this</p> <p>4 action.</p> <p>5 IN WITNESS WHEREOF, I have hereunto set</p> <p>6 my hand and affixed my seal of office at</p> <p>7 Cleveland, Ohio, on this 22nd day of February, 2019.</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12 </p> <p>13 Renee L. Pellegrino, Notary Public</p> <p>14 within and for the State of Ohio</p> <p>15</p> <p>16 My commission expires October 12, 2020.</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 265</p> <p>1 DEPOSITION REVIEW</p> <p>2 CERTIFICATION OF WITNESS</p> <p>3 ASSIGNMENT REFERENCE NO: 3216455</p> <p>4 CASE NAME: In Re: National Prescription Opiate Litigation</p> <p>5 DATE OF DEPOSITION: 2/19/2019</p> <p>6 WITNESS' NAME: Cheri Walter</p> <p>7 In accordance with the Rules of Civil</p> <p>8 Procedure, I have read the entire transcript of</p> <p>9 my testimony or it has been read to me.</p> <p>10 I have made no changes to the testimony</p> <p>11 as transcribed by the court reporter.</p> <p>12</p> <p>13 Date Cheri Walter</p> <p>14 Sworn to and subscribed before me, a</p> <p>15 Notary Public in and for the State and County,</p> <p>16 the referenced witness did personally appear</p> <p>17 and acknowledge that:</p> <p>18 They have read the transcript;</p> <p>19 They signed the foregoing Sworn</p> <p>20 Statement; and</p> <p>21 Their execution of this Statement is of</p> <p>22 their free act and deed.</p> <p>23 I have affixed my name and official seal</p> <p>24 this ____ day of _____, 20 ____.</p> <p>25</p> <p>Notary Public</p> <p>Commission Expiration Date</p>

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1 DEPOSITION REVIEW
CERTIFICATION OF WITNESS

2

3 ASSIGNMENT REFERENCE NO: 3216455
CASE NAME: In Re: National Prescription Opiate Litigation
DATE OF DEPOSITION: 2/19/2019

4 WITNESS' NAME: Cheri Walter

5 In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
6 my testimony or it has been read to me.
7 I have listed my changes on the attached
Errata Sheet, listing page and line numbers as
8 well as the reason(s) for the change(s).
9 I request that these changes be entered
as part of the record of my testimony.

10

11 I have executed the Errata Sheet, as well
as this Certificate, and request and authorize
12 that both be appended to the transcript of my
testimony and be incorporated therein.

13 _____
Date Cheri Walter

14

15 Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
16 and acknowledge that:
17 They have read the transcript;
They have listed all of their corrections
18 in the appended Errata Sheet;
They signed the foregoing Sworn
19 Statement; and
Their execution of this Statement is of
20 their free act and deed.
21 I have affixed my name and official seal
22 this _____ day of _____, 20____.
23 _____
Notary Public

24

25 _____
Commission Expiration Date

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1 ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST

2 ASSIGNMENT NO: 2/19/2019

3 PAGE/LINE(S) / CHANGE /REASON

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20 _____
Date Cheri Walter

21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

22 DAY OF _____, 20____.

23 _____
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25 _____
Commission Expiration Date

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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